

SOME ASPECTS OF A COMPULSION NEUROSIS IN A CHANGING CIVILIZATION

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There has been a great deal of discussion in psychoanalytic circles about the interrelationship between the problems of psychoanalysis and those of culture. This is a subject which is difficult to approach with unbiased objectivity because our cultural attitudes and evaluations are very largely determined by powerful, unconscious motives which are highly disguised and hard to uncover, both in ourselves and our patients. Nevertheless, the neuroses of our patients as well as the personality structure of the normal individual, raise more and more questions which seem to reflect the general, present-day problems of society. Furthermore, these problems become manifest in certain psychological reactions which seem to be typical of our time.

The difference in the content of present-day neuroses and those described by Freud in his early works has been repeatedly remarked. Since the biological, instinctual structure of mankind can hardly have changed in a few decades, we must seek the causes of this difference in the altered cultural background.

Freud himself, in 1923, gave us a picture of the interrelationship between neurosis and culture in his paper, *A Neurosis of Demoniacal Possession in the Seventeenth Century*,¹ in which he described the case of an indigent young painter who was stricken with violent hysterical seizures. His chief fantasy centered around a pact which he had made with the devil nine years before which provided that the devil would come to claim his soul after this length of time had elapsed. How-

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¹ Freud: *A Neurosis of Demoniacal Possession in the Seventeenth Century*. Coll. Papers, IV, pp. 436-472.

ever, he was saved in time by another fantasy in which the Mother Mary came to his rescue. The point lies in the fact that a final cure, except for passing disturbances in later life described as temptations of the Evil One, was brought about by a complete 'surrender to God' and his actual entrance into the 'Order of the Monk-Hospitaller'. The content of his neurosis was obviously based on the cultural background of his time; the neuroses of this period, as Freud writes, appeared in 'demonological shape'.

A comparison of this case history with those of today clearly shows that different epochs not only present very different symptomatological pictures but offer different preventive and self-curative possibilities. Freud was always of the opinion that the neurosis is a product of the great demands which civilization makes on man's instincts. However, civilization concomitantly offers ever changing aids for the mechanisms of defense and channels for sublimation. It is in view of this fact that the question becomes pertinent as to whether cultural development is not actually motivated by man's endless need for help in his struggle with his instincts. This question tends to be overlooked today, apparently because of the prevalent rebellious attitude towards civilization. Before attempting to answer such a question we must first try to further clarify the relationship between our culture and the sublimations and repressions it offers.

We conceive of sublimation as one of the possible destinies of instinctual drives, or as a defense mechanism in which the ego uses those means put at its disposal by the surrounding culture. An attempt at repression and sublimation may succeed or fail. 'If a repression', wrote Freud, 'does not succeed in preventing feelings of "pain" or anxiety from arising, we may say that it has failed, even though it may have achieved its aim as far as the ideational element is concerned. Naturally, the case of unsuccessful repression will have more claim on our interest than that of repression which is eventually successful; the latter will for the most part elude our study.'²

² Freud: *Repression*. Coll. Papers, IV, pp. 84-97.

The maintenance of a repression may be influenced to a certain extent by the attitude of the immediate environment and of society while certain types of sublimation are markedly dependent on the influence of society and may break down under the impact of external events with the resultant appearance of anxiety or the development of neurotic symptoms.

The following description of a patient who suffered from a compulsion neurosis, in whom the problem of external reality and the influence of contemporary cultural phenomena played a remarkable rôle, will serve to illustrate these facts.

A successful businessman, thirty-five years old, came for treatment after having suffered a severe anxiety attack. He complained of restlessness, anxiety, depression, hypochondriacal notions and obsessional, aggressive impulses. He feared he might harm his wife or son, or that he might impulsively commit suicide.

He was the second child in the family, with a sister two years older, and two sisters, four and ten years younger than himself. In early childhood he suffered from anxiety at night—a typical *pavor nocturnus*—which he remembered but vaguely. However, there were three outstanding dreams, nightmares of indescribable terror, which he vividly remembered. Their content was apparently always of the same type of experience: a relationship between something infinitely huge and something very small, such as a gigantic ball and a small one, or a tremendous figure twelve and a tiny figure twelve. He remembers that he had this dream for the first time at the age of twelve when he was in a hospital following an appendectomy.

It is significant that he felt unloved and neglected by his father during childhood. It seemed that his father loved the sisters while he often beat the patient mercilessly so that the latter came to regard him as a tyrant and a source of anxiety and terror towards whom he felt nothing but hate.

Although his relations with his mother were pleasant, he was unhappy at home and fantasied a great deal about running away and making long trips. He was closely attached to a grandmother by whom he felt loved and favored.

In school he had many quarrels with his teachers and was relieved when permitted to stop school and enter business life. Later he could not forgive his father for not having forced him to go to college.

He was very shy toward women until he met the woman who later became his wife. During the first years of his marriage he was deeply in love with her and felt very happy and free of any disturbances, but in recent years, as his neurotic symptoms developed, he became indifferent toward her. He had one child, a son.

As he became ill the same fears which he had experienced in his childhood nightmares returned to plague him in the daytime. The sight of disproportionately large objects such as a huge question mark in an advertisement, or the thought of a spoonful of water and the boundless ocean, or, on taking a piece of candy out of a box, the sudden realization of the difference in size between the box and the candy, often brought on attacks of extreme anxiety. All these symptoms had in common the element of 'the larger one and the smaller one'. His anxiety was especially difficult to dispel when he envisaged boundless space, the infinite, astronomic distances and figures such as millions of light years and the unending time after death. The sight of the stars in the sky immediately called forth all the anxieties and was felt by him as a sort of culmination. While he could avoid looking at the stars or looking into space, it was harder to avoid thoughts of these things which a mere word, spoken or read, might call forth. He discovered that he felt less anxious on foggy days because he was 'able to see the limits'. Such experiences of what might be termed 'cosmic fear', which always led to the most severe anxiety attacks, played an increasingly prominent rôle as his analysis progressed. The unconscious became likewise, vague, infinite and without visible limits.

The development of the patient's character reflected his constant effort to overcome this fear of the infinite by means of phobias and reaction-formations so that almost his entire activity was finally in the service of the mechanism of warding

off the infinite by means of the finite. Everything nonvisible or vague was denied by an unconquerable scepticism and he believed only in what was visible, solid, tangible and limited. This attitude contributed a great deal to his success as a businessman because from it sprang his matter-of-factness, reliability and efficiency. His life consisted partly in the practical attainment of material possessions, and partly in fantasies of attainment. Thus he would ruminate for weeks at a time about a new suit of the finest material, or a new automobile with great, heavy, solid tires, of various commonplace objects, but all of them especially good, substantial, durable and tangible.

At this point a new source of difficulty arose because these good things were expensive and whenever he gained a bit of security through the purchase of good things, he would simultaneously lose it through the price he had to pay for it. Thus money became the center of his fantasies because it had an obviously protective nature: it was both powerful and conceivable in finite figures. He always imagined that when he had saved this or that sum he would feel secure and content, only to be disappointed when he spent the money for some material object. In these money fantasies he sought to deny his feeling of relative littleness. His ego felt itself enlarged by the possession of the big automobile or the powerful sums of money.

In daily business worries, about actual insecurity of money in the world of today, such possessions would lose their protective force and the fear would break through in the very mechanism of defense. Thus the patient was in a constant flight into reality with the result that his inner peace and security became dependent upon all the vacillations of that very reality.

He felt a peculiar fascination when he read about accidents. A particular accident which he had witnessed recurred frequently in his thoughts, like a severe trauma: a large truck had run over a man. The conflict between 'the larger one and the smaller one' was here fully demonstrated before his

eyes. He reacted in the same way to the struggles of nations. In reality he not only found again the terrifying differences in size, but also the lack of real security: nothing was concrete with definite limits, everything was in a state of motion, financial assets collapsed, nations disappeared; and, like a reflection of his inner life, he saw death, violence and destruction.

Among the later experiences which may have contributed to the onset of his neurosis was a conspicuous change in his father's disposition. The tyrant, the dispenser of fear and terror, gradually developed a peculiar weakness, softness and helpless dependence. While the patient's attitude toward his father was seemingly one of complete indifference, he occasionally gave vent to sudden outbursts of rage which were followed by feelings of guilt. Although our patient was a really sensitive and rather soft individual, conversely, he was incapable of expressing any affection because of the fear of appearing weak and small. Both of these sequelæ—guilt and inferiority—were increased in intensity by his father's new attitude because of the lack of objective justification for his rage and the opportunity to express affection. This fear of showing any of his feelings was second only to his scepticism and fear of the infinite as an obstacle in his treatment.

In the course of the analysis it became more and more evident that the idea of having too small a penis was the decisive, unconscious idea behind his feeling of littleness. With his small penis he was helpless against his castrating father, from whom no mercy could be expected. It is to be noted that one of his symptoms was an obsessional fear of being attacked and stabbed by men.

One experience during his treatment attained particular significance. He saw a very fat negress performing in a vaudeville show and it appeared to him that 'her waist was tremendous, the thickness about her hips was all out of proportion'. This sight terrified him but he 'kept looking at that waist, fascinated'. At the same time he fantasied having a sexual relation with her. 'It was like taking a nightmare and having it out in the light.' The fantasy of the giant vagina and the little

penis now became an increasingly more prominent source of fear. When his wife was away on a vacation his tension increased tremendously because he endowed her, in his imagination, with the giant genitals and hips. As evidence, he felt that her letters to him were carelessly written as if he were not important, and during this time the thoughts of the smallness of his penis became especially torturing. As a defense, he thought of his penis in a state of erection, a remedy which occasionally freed him from fear.

During the analysis there were long periods during which he had many anxiety dreams with world war events supplying the day residue, such as his being bombed or being enclosed in a house that was shelled by enemies. In these dreams either he or someone else was the victim of the most terrible violence by warfare or catastrophes of nature. The following dream is a characteristic one.

He and his mother sit on the roof garden of a very high building and are eating. In the neighborhood are still higher buildings. Suddenly flames appear somewhere and he becomes terribly afraid because of the height and because of the danger of fire spreading from the other houses to theirs. . . .

The day residue was found in an experience of the preceding day in which he had seen the moving picture *Gulliver's Travels*. He especially remembered how Gulliver stepped over the houses. This dream was a relatively undisguised expression of his œdipus complex.

An interpretation of the material presented thus far would indicate that the experiences of the œdipus situation, primal scene fantasies and a strong castration fear were at the core of the neurosis. The feeling of smallness, especially of the smallness of his penis, of helplessness and consequent anxiety, were later (after his fifth year) displaced to all relationships concerning size. This anxiety was felt with greatest intensity and epitomized in the symptom of 'cosmic fear'. This symptom and its implications, to which I shall refer later, is of special

interest because it plays a part in many people's lives, although usually to a minor degree, and is frequently described in works of great literature.

One is reminded here of a passage in Freud's *Civilization and Its Discontents*³. Freud, quoting a letter of Romain Rolland, discusses a feeling of 'eternity as of something limitless, unbounded, something oceanic', a feeling of the ego expanding into the infinite, a oneness with, and a surrender to, the universe which brings tranquility. Freud adds that it appears 'very like a first attempt at the consolations of religion, like another way taken by the ego of denying the dangers it sees threatening it in the external world'.

One might expect that this patient, who had endowed spatial relationships with such significance, would have acquired a sense of security through an 'oceanic feeling'. However, this feeling did not occur because, although it arises from the same infantile helplessness which he experienced, it also presupposes an attitude of trust and the ability to surrender. Instead, he developed the feeling of 'world fear' (*Weltangst*), described by Spengler in *The Decline of the West*⁴, as a phenomenon essential to the development of civilization. In *Weltangst* the individual, rather than experiencing an expansion of the ego, feels instead an infinite smallness as compared with immensity, an awe and a deep anxiety at the thought of being lost in the sea of the unfathomable and incomprehensible, just as the patient did.

Feelings of 'world fear' and of surrender to the universe, called 'world longing' by Spengler, and 'oceanic feeling' by Freud, play a significant part in the development of cultures. Both may be traced back to the helplessness of the child and both appear in the development of every individual. However, different cultures offer different possibilities for the solution of the problems arising from them. Such a possibility,

³ Freud: *Civilization and Its Discontents*. New York: Jonathan Cape & Harrison Smith, 1930.

⁴ Spengler, Oswald: *The Decline of the West*. New York: Alfred A. Knopf, 1926-1928.

arising out of a culture embodied in a political ideology, was utilized by the patient at the onset of his neurotic symptoms and played a decisive rôle, the function of which might be compared with that of the oceanic feeling.

At about the age of eighteen he joined the Communist Party and made it the focal point of his life, serving it with a self-sacrificing faithfulness which contrasted sharply with his otherwise oversceptical, defensive attitude. In his conviction of the scientifically unquestionable correctness of the theory he found an inner security in the chaos of reality. He became a part of a great and powerful movement to which he could abandon himself in complete devotion. In identifying himself with the proletariat, the small and the weak, now large and powerful, he found a tremendous prop for his ego. A trip to great, broad Russia gave him a marvelous sense of peace. At the same time he considered himself a member of a modern intellectual aristocracy, with a feeling comparable to that of the religious zealots or the nobility in other periods, which further relieved his sense of smallness.

This extensive sublimation performed the same function of preventing anxiety as did the oceanic feeling or religious faith in other individuals and in other cultural periods. However, in contrast to the latter attitudes, it was bound up with, and dependent upon, a reality which was constantly under the scrutiny of the patient's realistic and critical mentality. His faith was consequently increasingly shaken by the course of events. The end of the great figures of the Russian Revolution during the Moscow trials played an important rôle in his loss of faith. Thus his political theories no longer gave him assurance and security in the chaos but instead led him into new conflicts which finally contributed decisively to the outbreak of his neurosis.

The outstanding conflict lay behind his indifference towards his father. This indifference covered up an excessive hatred, based in part on a deep castration fear, and thus helped him to keep in repression the underlying homosexuality which he feared most. However, such an attitude could only be

maintained as long as his devotion to the party and its great men was absolutely intact. This hypercathexis could be formulated as follows: 'I do not hate my father and have no fear of him. I love him (Stalin) and gladly make sacrifices for him. I trust him implicitly.' His complete surrender to the communist ideology therefore enabled him to sublimate his homosexual wishes in a socially acceptable manner and thus to ward off their emergence into consciousness. With the gradual development of doubt, the old hatred broke through more and more: violent outbursts of rage against his father frequently resulted from insignificant happenings and obsessional impulses appeared. The loss of his feeling of security through the political ideology left him (as he put it) back in 'no man's land'. Escape into reality had failed.

In a dream of this period he was attacked sexually, with great violence, by the mighty Stalin.

The dream of another patient for whom political theory fulfilled the same function further illustrates this mechanism. In the dream he is with a few people, among them Stalin. Stalin is his father, although he knows that he is not. The patient embraces Stalin to show someone that he really feels friendly towards him. . . . The day residue of this dream was that his wife, in talking about their little son, had asked him, 'Did you really hate your father?'

In this case too, the hypercathexis of his love for Stalin-Russia served to maintain the repression of his hatred and to overcome his castration fear. At the same time he was able to discharge his fearsome homosexuality in a sublimated and completely disguised manner.

During the subsequent discussion it is important to remember the following clinical observations, noted in the first patient: the significance of reality in the defense against anxiety; the unsuitability of reality for the binding of anxieties; and the significance of ideology, or theory, with the help of which the chaotic process of reality (in which he saw his unconscious reflected) could be understood and his emotional conflicts kept in balance. I believe that these problems are

especially significant in certain types of patients today, as for instance, in the typical intellectual.

Let us recall for a moment that civilization is a process which man himself created and is still creating. The environment in which he is placed becomes more and more a product of his own creation. The process of civilization is a constant restricting of primordial nature and its replacement by a man-made reality which contains and reflects his instincts and conflicts. Just as man reacts biologically to changes in his environment, so must he respond to changes of psychic climate with varying attempts at adjustment. At the same time the manner in which the satisfaction of the instincts, their sublimation and the defenses against them are achieved, depends in part upon the given reality or social condition. While culture demands adjustment from the individual, it is also the process which furnishes the different means of adjustment.

The social structures in different historical periods put different demands on the individual. Before the first world war, reality, in both its material and cultural aspects, was relatively stable. Adjustment to such a stable reality with a secure, prevailing morality was easier than to the changing unstable reality of today, just as it is easier for a child to adjust himself to well-balanced parents and their demands. In addition, the processes of adaptation are now more difficult because they cannot be carried over from previous generations.⁵

Before 1914 the achievements of the machine age had led to a heightening of man's narcissism. Religious belief concomitantly receded: leaning on God was no longer necessary if man, with titanic powers, could conquer nature. But the gradual transformation of primordial nature and its metamorphosis into the large city, so typical of modern culture, brought about a new threat to the ego. Industrialization gradually destroyed distance between people and tremendously increased the dependence of man upon man, thus leading to

⁵ Hartmann, Heinz: *Ich-Psychologie und Anpassungsproblem*. Int. Ztschr. f. Psa. u. Imago, XXIV, 1939, pp. 62-135.

a new helplessness. What started as an enlargement of the individual's ego has terminated in a nullification.

In the relatively well-balanced society, depicted in Freud's earlier writings, the main task of analysis was to bring neurotic conflicts into consciousness. If the patient's anxieties and their projections into the external world were recognized by him as based upon childhood distortions of reality, lying in the unconscious, then the patient would find his normal place in a balanced world. The lifting of the repressions was the decisive factor because the ideals of civilization or the social superego had a secure and unquestionable sovereignty and consequently supported the ego in its struggle with the instincts.⁶ Today this secure social basis has largely vanished and the ego's support is endangered. Social reality, instead of being a standard for the correction of the fantasies of the unconscious (for instance, the understanding of castration fear as a distortion of reality), is now a constant provocation for these fantasies. Thus, as described above, the patient saw the world of his anxiety dreams reflected in the struggle of the big and powerful nations.

The forces at work in today's reality bring to mind the dreams portrayed in the earliest myths of mankind. This will not seem strange if we remember that these technical achievements, although only recently realized, actually express man's earliest desires. A phallic dream symbol, for instance, can take an entirely different form today than a hundred or even twenty-five years ago and the rôle which the accomplishments of modern technology play in the language of symbols is remarkable. It is as though airplanes or bombs were particularly suited to express the wishes of the unconscious. Just as man in dreams converts the tools of social change into symbols of the unconscious, so he creates objects and events in the outer world which appear like, and taken historically are, projections of his unconscious. But these powers, dreamed of and finally created by man, these technical, physical and chemical

⁶ Freud, Anna: *The Ego and the Mechanisms of Defense*. London: Hogarth Press, 1937.

forces, reminding us of the myths of ancient deities, have today lost their equilibrium. The chaotic condition of society and the tensions expressed in the battles of nations, are like a mighty breaking forth of the instincts from their civilized, domesticated and sublimated forms, like a kind of defusion of instincts—Freud's *Triebentmischung*.

How does man react to these developments? What rôle do they play in present day neuroses and how do they affect analytic technique? These problems can be thoroughly understood only in the course of time, but we should begin to study them as they confront us each day in our work.

The patient described shows many of the characteristic attitudes of the man of today toward nature, reality and social ideology, although he shows them in a pathological form because his defense mechanisms against anxiety provoking conflicts were unable to prevent the outbreak of serious symptoms. These mechanisms made typical use of the means provided by contemporary civilization and existing ideological and social trends.

Adults, in their attitudes toward nature, the cosmos and society were formerly protected against a feeling of childhood helplessness by solutions which fail today. Cosmic fear could be overcome through trust in God⁷, in pantheistic experience (Freud's oceanic feeling) or through belief in scientific progress.

The question of the sublimation of homosexual wishes can only be touched upon briefly here, although it is of decisive importance in these problems. Freud has shown that homosexuality, in its sublimated form, plays an important rôle in social relations and in the structure of society. In a society in which institutions and their meaning are changing, homosexual sublimations also tend to break down. This was illus-

⁷ William James's *The Varieties of Religious Experience* offers a wealth of examples of such rescues. James stresses the need of self-surrender in moments of greatest fear as the vital point of the religious life. Confidence and happiness then make their appearance: 'By the merging of the narrower private self into the wider or greater self, the spirit of the universe (which is your own subconscious self), the moment the isolating barriers of mistrust and anxiety are removed'.

trated by the patient in whom the breakdown of ideological protections revived the old fear of homosexuality.

In the course of society's development religious experiences have receded and man's equilibrium has become more dependent upon reality. Nevertheless this dependence finally leads to defense mechanisms and seems to make them indispensable, in a form typical of the present epoch. When reality becomes a provocation to the unconscious, its rôle in overcoming anxiety is altered because the ego is compelled to ward off external provocations and to deny their emotional content in so far as the individual's forbidden unconscious wishes are provoked. Thus social theories which were originally developed for the purpose of understanding and mastering reality, now replace cognition and take over the function of warding off the threat and provocation of reality: they become defense mechanisms. Finally, when these theories threaten to lose their protective character they must be compulsively maintained so that the end result is no longer a cognition, but rather a repudiation of reality.

It is significant that we have here apparently 'normal' adjustment mechanisms which have become necessary for the maintenance of the protective barrier against stimuli by means of which the normal individual achieves an adjustment to social conditions. Repression in its essential meaning is less likely to develop in an epoch whose method of overcoming the stimuli of reality is the intellectual, theoretical penetration of reality through cognition and naming. (Psychoanalysis, as part of such an epoch, furthered this method.) Defenses are specifically adjusted to the quality of the stimuli. We arrive here at questions of special significance for analytic technique because in treatment, as Freud emphasized, we encounter defense mechanisms as resistance.

It seems pointless and indicative of a lack of understanding of the process of cultural development to speak of a neurotic culture, as is sometimes done. Different epochs offer man various methods of overcoming the problems arising from his biological instincts. He seems to need certain general con-

cepts to make it possible for him to keep his equilibrium in the difficult situation between instinct and danger. These concepts contain his childhood problems on an enlarged scale and at the same time offer solutions for them. In epochs of cultural stability the tensions reach a balance and the individual born in such a period lives out his childhood conflicts in later life in a more objective way. As long as the adult struggled above all with the unknown and the dangerous in nature and the cosmos, the religious world concept proved a satisfying solution—a world concept, with a monotheistic world image and the development of a universal stable moral order, which sought its center outside reality and independent of it.

When these solutions or their derivatives lost their force, the individual was made to face a more difficult task. One might compare him to an automobile driver in a large city whose traffic regulations have been abolished. Their lack makes the solution of the conflicts in a sublimated form considerably more difficult and drives man toward instinctual outbreaks, neurotic reactions and specific defense mechanisms. The struggle with man-made civilization leads to the formation of theories and ideologies. These have the same function as religious concepts, but can fulfil it only insufficiently and are constantly endangered through reality. The function and the background of such ideologies are often difficult to penetrate in the individual patient, because they represent a normal attempt at a solution at the present stage of civilization, because they seem to be relatively rational, and above all, because analysts themselves participate in such ideologies. However, in many cases they contain the essential emotional conflicts of the unconscious in its most disguised form and then appear as the cardinal resistances in an analysis.

THE PSYCHOANALYTIC CONCEPT OF MEMORY AND ITS RELATION TO RECENT MEMORY THEORIES

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In recent years both psychoanalysts and academic psychologists have felt that a closer collaboration is necessary and possible. Some psychologists (1) have come to a fuller appreciation of the achievements of psychoanalysis in certain fields which were neglected by academic psychology. On the other hand, many psychoanalysts have seen that, although the facts on which psychoanalytic theory is built are well substantiated, certain concepts in the theory itself need clarification and that in this task collaboration with general psychologists, who are interested in more precise definitions of concepts, would be of benefit. This paper is an attempt at such a collaboration.

No concept appears more important or suitable as the subject of a joint investigation by psychoanalysis and psychology than that of memory. Aside from the general importance of the function of memory for psychic life, it assumes a central position in psychoanalytic theory and practice. In the earlier publications of Freud, the *Studies in Hysteria* and the *Five Lectures*, we encounter the view that 'the hysteric suffers from reminiscences'. The daily work of the analyst is constantly directed towards obtaining the memories of his patients. Our theoretical understanding of the psychic processes is to a great extent based on an understanding of the forces and processes bringing about the emergence or the repression of reminiscences.

The ever present use of the concept of memory in psychoanalytic theory implies a specific theory of the memory function but such a theory has never been presented in a systematic

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way. Neither in Freud's writings nor in any other psychoanalytic publication do we find a coherent presentation of the facts and hypotheses which psychoanalysis has to offer about memory. The ideas pertaining to this specific sector of psychoanalytic theory are scattered over nearly all the works of Freud, appearing as by-products of the investigation of various phenomena, and need to be gathered and pieced together. However, before doing this, we must attempt to describe the psychoanalytic conceptions of that part of the mental apparatus the activity of which is called the memory function.

First we must gain an idea of the memory apparatus in a topographical sense. We shall see later that, in order to do justice to the dynamic nature of memory function, it will be necessary to rearrange the view we have obtained although the very nature of our attempt will make it impossible to keep the two approaches entirely apart.

In A Note upon the 'Mystic Writing Pad', Freud stated that our mental apparatus ' . . . has an unlimited receptive capacity for new perceptions and nevertheless lays down permanent—even though not unalterable—memory traces of them', and that this unusual capacity has ' . . . to be divided between two different systems or organs of the mental apparatus' (2, p. 470). According to this view, we possess one system, Perception-Conscious, which receives perceptions from the outside, but retains no permanent trace of them, so that it can react like a clean sheet to every new perception; and another, the 'mnemonic system' that preserves permanent traces of the excitations which have been received. Freud expressed the difference between these two systems in *Beyond the Pleasure Principle*, by saying that 'consciousness arises in the perceptual system instead of the permanent traces . . .' (3, p. 28). The implication appears to be that the phenomenon of consciousness, instead of the formation of permanent memory traces, occurs in the perceptual system; whereas in the mnemonic systems, in which permanent traces come about, the phenomenon of consciousness does not occur. Earlier, in 1900, in *The Interpretation of Dreams*, Freud maintained that the memory

systems belong to the system called Unconscious, which implies that the memory systems lack the quality of consciousness. Furthermore he stated that ' . . . we conceive of the psychic apparatus as a compound instrument, the component parts of which we shall call instances, or, for the sake of clearness, systems. We shall then anticipate that these systems may perhaps maintain a constant spatial orientation to one another, very much as do the different and successive systems of lenses of a telescope. Strictly speaking, there is no need to assume an actual spatial arrangement of the psychic system. It will be enough for our purposes if a definite sequence is established, so that in certain psychic events the system will be traversed by the excitation in a definite temporal order' (4, p. 488). The aforementioned 'mystic writing pad' is another simile by which Freud pictured memory. He compared the deeper located wax slab of this mystic writing pad to the memory systems and the thin sheet of wax paper, which is brought in close contact with the wax slab in the act of writing, to the perception system. The thin sheet does not retain any trace of the impressions made upon it; whereas the wax slab shows the permanent traces left in it by the impression. The impressions act through the medium of the thin wax paper without leaving any imprint on it, just as perceptions pass through the perception system without leaving any trace. It receives stimuli from outside itself, which means not only from the outside world but also from within. These stimuli may or may not become conscious even though the excitation leaves permanent traces in the memory systems. Thus the quality of consciousness is not one of the characteristics of these memory systems. On the contrary, memories which are altogether prevented from becoming conscious are proven to be the most tenaciously retained and the least changeable.

Freud wrote: 'The first thing that strikes us is the fact that the apparatus composed of systems has a direction. All our psychic activities proceed from (inner or outer) stimuli and terminate in innervations. We thus ascribe to the apparatus a sensory and a motor end; at the sensory end we find a system

which receives the perceptions, and at the motor end another which opens the sluices of motility. The psychic process generally runs from the perceptive end to the motor end' (4, p. 488).

He then elaborated on the place of memory function in this arrangement: 'The percepts that come to us leave in our psychic apparatus a trace, which we may call a memory trace. The function related to this memory trace we call "the memory". . . . We assume that an initial system of this (psychic) apparatus receives the stimuli of perception but retains nothing of them—that is, it has no memory; and that behind this there lies a second system, which transforms the momentary excitation of the first into lasting traces' (4, p. 489). According to Freud, it is impossible to state with certainty the nature of the permanent modification of perceptive stimuli into what we call memory trace. In keeping with the scientific state of affairs at the time when he wrote *Beyond the Pleasure Principle*, which was published in 1920, he surmised that the diminution of the resistance, which supposedly has to be overcome by the excitation when it passes from one element to the other, produces permanent traces in the sense of creating a path (*Bahnung*) between the two elements (3, pp. 29–30).

On further investigation it becomes clear that our percepts are connected with one another in our memory. According to Freud this makes it necessary to assume the existence of a plurality of memory systems. Memory traces in the memory systems are associated and linked with each other according to certain factors such as the simultaneity of their occurrence, their similarity, etc. Even in his early work Freud was greatly impressed by the orderly fashion in which the memory material presented itself to his investigation.¹ He discussed his early experiences with regard to the organization of the memory material in his paper *Contribution to the Psychotherapy of*

¹ It was perhaps his early technique which was especially apt to produce this effect. By using the modern psychoanalytic technique one can hardly expect the material to emerge in a well organized form, although undoubtedly, by piecing it together, one finally obtains a complete view of its organization.

Hysteria (5) in which he described a triple stratification of the memory material, namely, that of a temporal sequence, that of a concentric organization around the traumatic event and that following the thought content.²

Now let us turn our attention from the topographical to the dynamic presentation of the memory processes. With the divi-

2 'The first and strongest impression which one gains from such an analysis is surely the fact that the pathogenic psychic material . . . still lies ready in some manner and, what is more, in proper and good order . . .' (pp. 216-217).

'The psychic material of such hysteria presents itself as a multidimensional formation of at least triple stratification . . . First of all there is a nucleus of such reminiscences (either experiences or mental streams) in which the traumatic moment culminated, or in which the pathogenic idea has found its purest formation. Around the nucleus we often find an incredibly rich mass of other memory material which we have to elaborate in the analysis in the triple arrangement mentioned before. In the first place, there is an unmistakable linear chronological arrangement, which takes place within every individual theme. As an example of this, I can only cite the arrangement in Breuer's analysis of Anna O. The theme is that of becoming deaf, of not hearing, which then becomes differentiated according to seven determinants, and under each heading there were from ten to one hundred single reminiscences in chronological order. It read like an abstract from an orderly kept archive . . .' (pp. 217-218).

'The grouping of similar reminiscences in a multiplicity of linear stratification, as represented in a bundle of documents, in a package, etc., I have designated as the formation of a theme. These themes now show a second form of arrangement. I cannot express it differently than by saying that they are concentrically stratified around the pathogenic nucleus. It is not difficult to say what determines these strata, and according to what decreasing or increasing magnitude this arrangement follows. They are layers of equal resistance tending towards the nucleus, accompanied by zones of similar alteration of consciousness into which the individual themes extend. The most peripheral layers contain those reminiscences (or fascicles) of the different themes, which can readily be recalled and which were always perfectly conscious. The deeper one penetrates the more difficult it becomes to recognize the emerging reminiscences, until one strikes those near the nucleus which the patient disavows, even at the reproduction' (p. 218).

' . . . We must now mention the third and most essential arrangement concerning which a general statement can hardly be made. It is the arrangement according to the content of thought, the connection which reaches the nucleus through the logical threads, which might in each case correspond to a special, irregular and manifoldly devious road. This arrangement has a dynamic character in contradistinction to both morphological stratifications mentioned before . . .' (pp. 218-219).

sion of the mental apparatus into the systems Perception-Conscious and Unconscious, Freud first attempted to do justice to the phenomenon of consciousness in a static rather than in a dynamic fashion by assuming that consciousness is a characteristic of certain parts of the mental apparatus. The one quasi locality in the mind, the system Perception-Conscious, is characterized by its quality or at least potential quality of consciousness; the other quasi locality, the system Unconscious, is characterized by its absolute lack of consciousness. As pointed out by Freud in his paper, *The Unconscious* (6, pp. 108-109), this presentation of the problem necessitated the assumption that certain psychic entities are recorded twice somewhere within the mind. We may, for instance, talk of a memory and suppose that this memory at a certain time is unconscious. It would then be located in the system Unconscious. When this memory becomes conscious, it would mean that it would also have to be present in the system Perception-Conscious. This notion was given up by Freud because of its incompatibility with a dynamic view of the functioning of the mental apparatus. Thus he wrote:

'The two kinds of processes taken by psychic excitation, called the primary and the secondary process³ which at first seemed to be caused by a difference of the locality in which they take place, have upon further investigation proved to be due to a different direction pursued by the processes rather than to a different psychic locality' (4, p. 540).

'Let us now try to correct certain views which may have taken a misconceived form as long as we regarded the two systems, in the crudest and most obvious sense, as two localities within the psychic apparatus—views which have left a precipitate in the terms "repression" and "penetration". Thus, when we say that an unconscious thought strives for translation into the preconscious in order subsequently to penetrate through to consciousness, we do not mean that a second idea has to be formed, in a new locality, like a paraphrase,

³ The concepts 'primary process' and 'secondary process' are used here by Freud in the usual sense he gave them; the former referring to the unconscious, the latter to the conscious thought processes. See below p. 26.

as it were, whilst the original persists by its side; and similarly, when we speak of penetration into consciousness, we wish carefully to detach from this notion any idea of a change of locality. When we say that a preconscious idea is repressed and subsequently absorbed by the unconscious, we might be tempted by these images, borrowed from the idea of a struggle for a particular territory, to assume that an arrangement is really broken up in the one psychic locality and replaced by a new one in the other locality. For these comparisons we will substitute a description which would seem to correspond more closely to the real state of affairs; we will say that an energetic cathexis is shifted to or withdrawn from a certain arrangement. Here again we replace a topographical mode of representation by a dynamic one; it is not the psychic formation that appears to us as the mobile element, but its innervation' (4, pp. 540-541).

In the exposition of this dynamic point of view Freud designed the theoretical tripartition of the psychic apparatus into the id, the ego, and the superego. In *The Ego and The Id* (1923), Freud reviewed the meaning of the terms 'conscious', 'preconscious' and 'unconscious' and then stated that it became evident that these distinctions were inadequate explanations of the observable clinical facts. The dynamic approach yielded a new structural picture of the personality and clarified the following facts: it is unsatisfactory to define a neurosis as a conflict between the conscious and the unconscious or to identify the unconscious with repressed material. A part of the ego is also unconscious and a part of the unconscious is not repressed material. Thus the concept of unconsciousness has to be understood as a mere quality of psychic phenomena, a quality of many meanings, to be sure, but not identical with the statically defined psychic system Unconscious as it was originally conceived. From that time on the structural division into the id, the ego, and the superego took the place of the division into the systems Unconscious and Perception-Conscious with consciousness a potential quality within the ego.

When we attempt to express what we know about the phenomenon of consciousness in reference to memory functioning in terms of this new conception it becomes obvious that this can only be done by using the dynamic concept of cathexis in which cathexis is the amount of psychic energy attached to psychic contents. Freud distinguished three aspects of the metapsychological analysis of psychic material, topographical, dynamic and economic. When the rôle of cathexes in memory function is considered the economic aspect appears. The act of becoming conscious is conceived of as occurring when a surplus of cathexis (hypercathexis) becomes attached to a memory trace.

It has been mentioned before that the deposition of memory traces seems to follow certain patterns of organization which determine the revival of memories. This is reflected in Freud's assumption of the structure of the memory systems, based on the principles of similarity, simultaneity, etc. Although the purposeful revival of memories is not explained by either of these principles, they appear to operate in 'normal', everyday revivals. Yet, as we know, the revival of memory traces does not occur unhampered, but is sometimes delayed, replaced by other emerging memories, or even blocked entirely. The observation of these facts and a study of the rôle memory plays in such phenomena as fantasies and dreams led to the discovery and investigation of further factors which exert their influence on memory traces.

We find a description of these factors, in other words, of some of the vicissitudes of the memory traces, in the *Psychopathology of Everyday Life*: 'The memory material succumbs in general to two influences, condensation and distortion' (8, p. 174, fn.). Freud, distinguishing between the emotional and the indifferent parts of the memory material, described the function of distortion and condensation in memory organization as follows:

'Distortion . . . directs itself above all against the affective remnants of memory traces which maintain a more resistive attitude towards condensation. The traces which have grown

indifferent, merge into a process of condensation without opposition; in addition, it may be observed that tendencies of distortion also feed on the indifferent material' (8, p. 174, fn.).

'These processes of condensation and distortion continue for long periods, during which all fresh experiences act upon the transformation of the memory content.'

Forgetting, another vicissitude of the memory traces, is discussed by Freud as follows:

'It is quite probable that in forgetting there can really be no question of a direct function of time. From the repressed memory traces, it can be verified that they suffer no changes even in the longest periods. The most important, as well as the most peculiar character of psychic fixation consists in the fact that all impressions are, on the one hand, retained in the same form as they were received, and also in the forms that they have assumed in their further development. By virtue of this fact, every former state of the memory content may be thus restored, even though all original relations have long been replaced by newer ones' (8, p. 174, fn.).

How are we to understand this state of affairs? Is it that different traces of the same memory content in its different states are preserved and can be revived? Or is it that the trace is influenced by other traces and strivings and becomes entangled with these and can again be disentangled by the procedure of free association? A definite answer to this problem can hardly be given at present. The difficulties are pointed out by Freud: 'The fact is that a survival of all the early stages alongside the final form is only possible in the mind and that it is impossible for us to represent a phenomenon of this type in visual terms' (7). We may attempt to come to a better understanding by applying our knowledge of dream work to this problem. Just as the latent dream thought can be inferred from the dream content, so the original memories may be recaptured from the network of the later forms in

which they are embedded and by which they are influenced, without assuming the existence of several traces.⁴

The fact that memory yields to distorting and suppressive influences was the basis for the notion that memory traces usually succumb to the destructive influence of time. In *Civilization and Its Discontents* (7), Freud stated again that psychoanalysis relinquished the idea that forgetting means destruction of the memory trace but rather that we now lean toward the opposite assumption. His formulation, which seems to be more cautious than the one we just quoted from the *Psychopathology of Everyday Life*, reads as follows: 'Perhaps we should be content with the assertion that what is past in the mind *can* survive and need not necessarily perish' (p. 20). For the purpose of a working hypothesis in investigating the dynamics of memory function it is therefore worth-while to assume that nothing is lost of the memory traces, but that the familiar disturbances of memory are brought about by the interference of certain psychic forces. In other words, it can be assumed that we may gain more insight if we apply the same deliberate neglect to the effect of sheer time on memory that Freud applied to the influence of heredity in investigating the neuroses.

The nature of memory organization, of memory distortions and of the possibility of restoring memories of original experiences may be somewhat elucidated by referring to the distinc-

⁴ In *The Problem of Anxiety* Freud discussed the vicissitudes of repressed instinctual strivings. This discussion can be interpreted as supporting the above considerations and may contribute to a better understanding of the point in question, even though it does not directly pertain to the problem of memory: 'The answer appears obvious and certain: the old repressed desires must still persist in the unconscious, since we find their lineal descendants, the symptoms, still active. But this answer is inadequate; it does not make it possible to distinguish between the two possibilities that, on the one hand, the old desire now operates only through its descendants, to which it has transferred all its cathectic energy, or, on the other hand, that the desire itself persists in addition. If it was its destiny to be expended in the cathexis of its descendants, there remains the third possibility that in the course of the neurosis the wish was reactivated through regression, so out of accord with the present may it be' (9, p. 109, fn.).

tion Freud made between 'memory images' and 'perceptual images'. The perceptual image is obviously the trace of an original and simple sensory perception, whereas the memory image is a more complex unit which probably contains all the qualities a perception acquires when it becomes embodied into the individual's psychic life—the spatial and temporal relations in which it participates, and the strivings, affects and moods prevalent at the time it was being perceived. As a result of this process some sensory impressions remain unconscious.⁵ Thus what Freud called 'perceptual images' should perhaps more exactly be called 'sensory images'.

In normal thinking we seem to use memory images rather than perceptual images. Only in certain states, such as dreams and hallucinations which are more or less alien to the normal waking conditions, are the perceptual images revived.

In addition to these we also find verbal images deposited in the memory systems.⁶ Their significance in memory functioning will be discussed below.

These processes, which we have recognized as factors in memory organization, belong to the primary process, that kind of process which is characteristic of the system Unconscious, in contradistinction to the secondary process which is the kind of thinking we consciously use.

According to psychoanalytic theory, the primary process is the only one tolerated by the system Unconscious; that which results in the system Perception-Conscious under inhibiting influences, is the secondary process. Freud wrote:

'The primary process strives for discharge of the excitation in order to establish with the quantity of excitation thus collected, an identity of perception; the secondary process has

⁵ We know from our everyday experience (Poetzl [10] was able to show it experimentally) that not only memory but also perception is selective.

⁶ With regard to their nature, Freud said: 'Verbal residues are derived primarily from auditory perceptions . . . the visual components of the verbal images are secondary, acquired through reading and may to begin with be left on one side; so may the sensory-motor images of words . . . The essence of a word is after all the memory trace that has been heard' (11, p. 22).

abandoned this intention, and has adopted instead the aim of an "identity of thought" (4, p. 535).

In other words, 'all thinking is merely a detour from the memory of gratification to the identical cathexis of the same memory, which is to be reached once more by the path of motor experiences' (4, p. 535).

In the dreaming state (induced by the wish of the sleeper to sleep), the mental apparatus is shut off from outside stimulation and is deprived of its ability to effect changes in the outside world by means of motility. The process of excitation consequently goes in a direction different from that in normal waking activity. Instead of proceeding from the memory images toward the motility systems the process follows a regressive path which leads toward the original perceptive or sensory images. These are cathected and function in a hallucinatory capacity. This process, which uses the mechanisms of displacement, condensation and symbolization, is directed by wishes which we also may describe as cathectes stemming from drives.

The course followed by what we call 'normal logical thinking' in the waking state is different in that it goes on within the system Perception-Conscious and is not subject to the mechanisms of the primary process. The system Perception-Conscious prevents the result for which the primary process strives, namely the free discharge of instinctual tension. Instead, it operates with small quantities of mental energy, thereby using a vast treasure of stored up memories in the service of the purposive idea whose aim is to achieve gratification by changing and dominating the outside world through planned action.

The primary process uses the available memory images only in part or only in their original form as perception (sensory) images.

Thus we see that the actual driving forces that motivate and shape the vicissitudes of the memory traces are instinctual strivings, wishes and attitudes. These forces operate on the pain-pleasure principle. It is of course to be remembered that

not only the primary but also the secondary process is instigated and dominated by derivatives of instinctual forces. The relationships of these derivatives to the original drives is one of the least understood chapters of metapsychology.

This theory of the vicissitudes of memory traces is also applicable to the phenomena of everyday psychopathology. In the *Psychopathology of Everyday Life* (p. 174, fn.) Freud showed that the condensation, distortion and repression of recent memories is also ruled by the pain-pleasure principle. He wrote, 'The forgetting in all cases is proved to be founded in a motive of displeasure', and '... the motive of forgetting is always an unwillingness to recall something which may evoke painful feelings'. In the second quotation the basic idea is expressed in such a way as to suggest that disturbances like forgetting are not due simply to the tendency to forget unpleasant memories, as is often erroneously assumed, but to the wish to avoid the recollection of anything which may in some way give rise to conflict.

We know that those memories which are likely to evoke painful feelings are repressed by the psychic censorship which is seen at work in what has been termed resistance and defense. The ideas which are connected associatively with these repressed memories are either forgotten, or if the attempt to forget them is unsuccessful, distorted. Here, as in dreams, the memory material is changed and rearranged by the primary process in accordance with the drives ruling it. The rôle of these drives, or strivings, is as important in dreaming as in waking thinking.

We know that no new thoughts are formed in dreams, that all the dream can do is to utilize given memory material. In the dream the mind '... does not think, calculate, or judge at all, but limits itself to the work of transformation' and '... thoughts must be exclusively or predominantly reproduced in the material of visual and acoustic memory-traces ...' (4, p. 467).

Let us now turn to the concept of repression. When Freud wrote the *Interpretation of Dreams* he believed that repressed memory traces are characterized by the withdrawal of cathexis from them. This explanation proved unsatisfactory and it was

necessary to assume that a countercahexis is essential in keeping repressed ideas unconscious.

In his paper, Repression, Freud wrote that a common characteristic of the mechanisms of repression is the withdrawal of the energy cathexis. However, in the same paper we encounter an amplification and, in a way, a modification of this theory. He pointed out that, at least in compulsion neuroses, the withdrawal of the energy cathexis is effected by a reaction formation which involves 'intensifying an antithesis' (12, p. 96). This is the germ of the concept of countercahexis.

This idea is developed in *The Unconscious* in the following passages: 'But this process of withdrawal of libido does not suffice to make comprehensible to us another characteristic of repression. . . . What we are looking for, therefore, is another process . . . and this other process we can only find in the assumption of anticathexis by means of which the system Perception-Conscious guards itself against the intrusion of the unconscious idea' (6, pp. 113-114). Further elaboration of this theory is found in *The Problem of Anxiety*: ' . . . from the uninterrupted character of the instinctual impulse there arises the demand on the ego to insure its defense by an unremitting expenditure of effort. This action for the protection of the repression is what we experience, in the course of our therapeutic efforts, as *resistance*. Resistance presupposes what I have termed *anticathexis*' (9, p. 134).

In his paper, *The Unconscious*, repeating ideas previously expressed in the *Interpretation of Dreams*, Freud maintained that the conscious idea comprises both 'the concrete idea plus the verbal idea corresponding to it, whilst the unconscious idea is that of the thing alone' (6, p. 134). The system Unconscious contains object cathexes, while the system Perception-Conscious contains verbal traces. It requires a hypercathexis to link the object image with a verbal trace and to make its emergence into consciousness possible.

The relationship of hypercathexis to verbal images and to the theory of free and bound cathexes is of paramount impor-

tance in the transition from the primary to the secondary process. In *Beyond the Pleasure Principle* we read:

'... It may be assumed that the excitation has, in its transmission from one element to another, to overcome a resistance, and that this diminution of the resistance itself lays down the permanent trace of the excitation (a path): in system Conscious there would no longer exist any such resistance to transmission from one element to another. We may associate with this conception Breuer's distinction between quiescent (bound) and free-moving "investment energy" in the elements of the psychic systems; the elements of the system Perception-Conscious would then convey no "bound" energy, only free energy capable of discharge. In my opinion, however, it is better for the present to express oneself as to these conditions in the least committal way. At any rate by these speculations we should have brought the origin of consciousness into a certain connection with the position of the system Perception-Conscious and with the peculiarities of the excitation process to be ascribed to this' (3, pp. 29-30).

'... we have to do with two ways in which a system may be filled with energy, so that a distinction has to be made between a "charging" of the psychic systems (or its elements) that is free-flowing and striving to be discharged and one that is quiescent. Perhaps we may admit the conjecture that the binding of the energy streaming into the psychic apparatus consists in a translating of it from the free-flowing to the quiescent state' (3, p. 36).

'Since the excitations of instincts all affect the unconscious systems, it is scarcely an innovation to say that they follow the lines of the primary process, and little more so to identify the psychic primary process with the freely mobile charge, the secondary process with changes in Breuer's bound or tonic charge' (3, p. 42).

The issue of free and bound cathexes is one of the least clear points of metapsychology. In the first passage just quoted it is maintained that the system Perception-Conscious conveys no 'bound' cathexis but only 'free energy capable of discharge'; while the second and third passages maintain that energy may

be either free flowing and striving to be discharged (a condition apparently fulfilled in the unconscious, in other words, in the primary process), or quiescent. Thus, according to one, cathexes are unbound in the secondary; according to the other, they are unbound in the primary process. This contradiction could be resolved as follows: in the unconscious the energies of instinctual strivings are free cathexes which may shift freely from one instinct representation (idea) to another. The freedom of cathexes in the secondary process, however, appears to refer to the fact that there appear to be psychic energies at the disposal of the ego which do not carry the characteristics of the instinctual source from which they were derived. Thus, they appear to be free moving. The relation of these latter energies to the hypercathexis necessary in linking an idea with a verbal trace so that it can enter consciousness is probably a direct one, but one nowhere discussed in psychoanalytic literature.

Here it is necessary to consider the important fact that memories have two aspects, ideational and emotional. Freud dealt explicitly with the problem of the difference between the vicissitudes of these two components, especially in reference to the phenomena of isolation and *la belle indifférence*. In *The Ego and the Id*, we read:

'We then come to speak in a condensed and not entirely correct manner of "unconscious feelings", keeping up an analogy with unconscious ideas which is not altogether justified. Actually the difference is that, whereas with unconscious *ideas*, connecting links must be forged before they can be brought into the conscious, with feelings, which are themselves transmitted directly, there is no necessity for this. In other words: the distinction between conscious and preconscious has no meaning where feelings are concerned; the preconscious here falls out of account, and feelings are either conscious or unconscious. Even when they are connected with verbal images, their becoming conscious is not due to that circumstance, but they become so directly' (*II*, p. 26).

Although this passage was published in 1923, it appears to be less satisfactory from a dynamic point of view than one in *The Unconscious* published in 1915 in which Freud said:

'The whole difference arises from the fact that ideas are cathexes—ultimately of memory traces—whilst affects and emotions correspond with processes of discharge, the final expression of which is perceived as feeling' (6, p. 111).

He answered the question of the fate of affect-laden ideas which become unconscious by saying, '. . . there are no unconscious affects in the sense in which there are unconscious ideas', and, more clearly, '. . . the unconscious idea continues, after repression in the system Unconscious, whilst to the unconscious affect there corresponds in the same system only a potential disposition which is prevented from developing further' (6, p. 111).

Let us again summarize the theory of how memories become conscious in terms of cathexes. Memory traces are unconscious in themselves but they can be made conscious by a certain amount of psychic cathexis. 'The act of becoming conscious depends upon a definite psychic function—attention being brought to bear!' We have to assume that in the process of becoming conscious an additional amount of cathexis has been given the memory traces which '. . . seems to be available only in a determinate quantity . . .'. This '. . . certain quantity of excitation, which we call "cathectic energy", is displaced from a purposive idea along the association paths selected by this directing idea. . . . A train of thought cathected by some aim becomes able under certain conditions to attract the attention of consciousness, and by the mediation of consciousness it then receives "hypercathexis"' (4, p. 529). No such additional cathexis is put on a train of thought which is without interest at the time.

This process seems to point to a necessary participation of the ego because the 'certain quantity of excitation', called attention, which is put by a purposive idea onto a memory trace, or a conglomerate of memory traces, belongs to the ego.

In *The Problem of Anxiety* Freud explicitly stated that 'The ego controls the entrance into consciousness . . .' (9, p. 26).

'It is such hypercathexes, we may suppose, that bring about higher organization in the mind and make it possible for the primary process to be succeeded by the secondary process which dominates the preconscious.' (6, p. 134.)

In summary we can now state that the memory apparatus operates as follows: the driving force which puts the apparatus in motion is always an instinctual striving, a wish. This wish strives for free discharge as long as it is unconscious and operates in the mode of the primary process. In this state the cathexis, stemming from the wish, attaches itself to various available memory traces suitable to the expression of this wish. These cathected memory traces become organized according to the mechanisms of the primary process because the pathways leading through secondary elaboration to motility are barred in the dream state and in conditions characterized by repression. In this way the underlying striving discharges its cathexis freely, either in the form of a dream or of a neurotic symptom. If, however, the wish is in harmony with the set of strivings and attitudes which we designate as the ego and superego and if it succeeds in attracting attention and the energy of hypercathexis, then it is admitted to the elaboration by the secondary process which operates under the guidance of directing purposive ideas. The cathexis of the striving is then transferred to purposefully selected memory traces and the result of this selection finally appears in the form called logical, realistic thinking.

In the light of our present-day knowledge we look upon this functioning of the secondary process as belonging to what we call ego functions. It is this part of what we regard as a product of the integrating function of the ego which becomes manifest in the action of the secondary process. It inhibits the free discharge of instinctual tension and suspends it until the testing and planning processes are finished. It transforms the short-term affect tension which strives for quick, but, as far as reality is concerned, ineffectual relief, into a long-term tension capable of sustaining a realistically effective and useful

effort. The mechanisms of this function are not nearly as clear to us as are those of the primary process and are in need of further investigation.⁷

Thus far we have attempted to show that the psychoanalytic theory of memory is based on the view that memory traces are used by psychic forces which find expression through them. We have also seen that the modes in which strivings make use of memory material vary significantly among such phenomena as everyday remembering dreams, and remembering childhood experiences.

Now we shall turn to the memory theories of academic psychology and its concepts regarding the rôle of strivings in memory organization and functioning.

The multiplicity of memory phenomena and mechanisms revealed by psychoanalysis represents a realm unknown to experimental psychology which has instead studied the quantitative relationships between learning and retention, such as the relationship of the number of repetitions in learning to the amount of material retained and the effect of the elapsed time between learning and recall on the amount of material that can be recalled. Psychoanalysis did not contribute directly to the development of the theory of memory dealing with the phenomena of learning because it was more concerned with the pathological phenomena of memory. Experimental psychology in turn has remained aloof from both the vital memory phenomena encountered in everyday life and those revealed by psychoanalysis. It has left unanswered the question of how things are remembered when they are needed and how they are frequently forgotten in spite of the fact that they are needed and in defiance of the laws of memory arrived at experimentally. Thus, though these laws of memory maintain that the more frequently repeated material is better retained, often an event only encountered once becomes 'unforgettable', or 'memorable', while familiar facts encountered perhaps a thousand times may suddenly be forgotten. Between the two extremes of experi-

⁷ See also in this connection Freud (3, p. 42) and Hendrick (21, p. 55).

mental psychology and psychoanalysis, in other words between the memory theories of rote learning and those of motivated remembering and forgetting, everyday memory function has remained a stepchild and will only come into its own through an approximation of these extremes. Recent developments in experimental psychology such as the 'trace theory' of gestalt psychology (13) and the theory of 'tension systems' of Lewinian psychology (14), are in the direction of such an approximation.

The trace theory hypothesizes that one may infer the characteristics of the physiological processes underlying the memory functions from an experimental investigation of the relevant psychological processes. In other words the nature of the physiological processes occurring in the brain when a memory is deposited as a trace, those occurring while a trace is retained and transformed in the course of time and those occurring when the memory is reproduced in consciousness, can all be established by psychological experiments. It is maintained that the physiological processes corresponding to a conscious experience leave traces which have properties similar to quasi-stationary electrochemical potential changes, inasmuch as their intensity decreases in time to a certain degree, and they tend to change toward a form of 'least resistance' or as the gestaltists call it, toward a 'good form'. The tendency of the traces to change can best be seen in the merging of 'similar' traces to form an 'aggregate' trace. The common features of the component traces become pronounced and the temporal, spatial, and affective characteristics giving the single trace its individuality are lost. When a stimulation or experience, and consequently the corresponding trace, is dissimilar to the rest of the traces—or in terms of the gestaltists, is 'isolated'—its individual survival becomes more probable. This theory of memory, since it attempts to understand the fate of the individual memory by inquiring into its relation to other memories, explains more than does the classical theory of memory based on frequency and time decrement. It also is similar to the freudian theory of memory which as we saw is also based on the interaction of memories, rather than on frequency and

time loss. However, what is meant here by similar and dissimilar traces remains a problem. The gestaltists talk about 'structural' similarity and expose themselves to severe criticism by appearing to advance a circular reasoning, explaining that similar traces form aggregates, and aggregates are trace systems formed by similar traces, i.e., good gestalt in terms of the direction in which a trace changes, and the trace changes in terms of good gestalt. We believe that the reason for the circularity is that gestalt psychologists have not investigated memory phenomena of personal importance, such as those investigated by psychoanalysis, because in them similarity may be defined without circularity, in terms of the identical drives, affects, strivings, and attitudes which a given content expresses and to the satisfaction of which it contributes.

The concept of similarity has yet another rôle in gestalt psychology. Remembering is described by gestalt psychology as follows: a process is set off by a recent stimulation and this 'communicates' with the trace of an experience which is thereupon remembered. This function appears to be easily explained in ordinary recognition in which the recent process is similar to the old one with whose trace it communicates. However, if memories are revived in the course of a thought process, it is difficult to see why those particular traces which are actually revived communicate with the process. Koffka sensed this difficulty and saw that the problem of forgetting, or the 'noncommunication' of traces and process, also needed specific explanation. Toward this end he employed a new concept, the 'attitude' (13, p. 520 ff.). He explained that a trace must be conceived as consisting of two parts, one registering what is being experienced and the other registering the attitude of the ego toward what is experienced. This dichotomy may sound strange to the psychoanalyst and is certainly artificial, but in the field of experimental psychology it is a great step forward toward views more meaningful to the psychoanalyst. It is then conceived that the attitude is at least partly responsible for the communication between process and trace.

To make the concept of attitude more concrete, Koffka adopted the findings of Lewin and his pupils (14, p. 14) who showed in carefully controlled experiments that if a subject abides by instructions and thus sets up an intention to do a task, upon being interrupted in carrying out that task, he will make attempts to resume it. They hypothesized that such intentions create psychic 'tension systems' which strive toward discharge and prompt resumption of the interrupted tasks. The concept of psychic events in terms of a tendency to diminish or discharge tension is one which the psychoanalyst considers his own and thus Lewin's efforts may be considered as experimental explorations in a field of everyday actions along those lines which are of interest to the psychoanalyst. Similar experiments showed that memories of interrupted activities, in which tense psychic systems remain undischarged, are better retained than memories of completed activities (16). However, in cases where the interruption of activities is attended by the experience of failure, though there appears to be no reason to assume that the corresponding tension system has been discharged, the memories of the interrupted task are less well retained than those of the uninterrupted ones. The frequently made inference that repression has been here directly demonstrated experimentally should be avoided because only statistical probability vouches for it. It can be safely pointed out, however, that we have memory theories here in which tensions striving for discharge and conditions preventing discharge are considered as underlying memory functioning. In this sense they are analogous to the psychoanalytic theory of memory even though they are established by investigating conscious levels of memory functioning alone.

Let us return to the attitudes and their rôle in the trace theory. Koffka adopted the theory that these attitudes are tensions (in the Lewinian sense) connected with the traces—particularly the ego portion of the trace which preserves the memory of the ego's attitude toward the experience. These attitudes are responsible for linking the memory traces and processes and thus also for the revival of memories. An English

psychologist, Bartlett, who is close to the gestalt position, showed experimentally that the attitude or affective setting is the responsible factor in memory revival. He wrote:

' . . . the main conditions for the occurrence of images appear to be found in their affective setting. This functions as an "attitude"—and the attitude is best described as an orientation of the agent towards the image. . . . If then, as in specific recall, we are called upon to justify the image, we do so by constructing, or reconstructing, its setting. Thereupon the attitude acquires rationalization . . . ' (17, p. 303).

The detailed experimental evidence put forth by Lewin, Koffka, and Bartlett cannot be surveyed here. The important point seems to be that these memory theories, derived from experimentation, show a tendency to coincide. They agree that in becoming conscious of a memory, psychic tensions, attitudes, affective settings—in other words, directed and specific psychic forces, play a predominant rôle. It is true that Koffka was not at all sure whether this is necessarily true for all remembering. It is true that the nature of Lewin's tensions and their relation to the sources of psychic energy have never been really clarified. Finally, it is true that neither Lewin nor Bartlett coupled their theory with a trace theory of memory. Nevertheless these three variants of experimentally derived memory theories show a striking parallel to the psychoanalytic theory of memory which is essentially a theory in which deposited traces of experiences are organized by strivings which endeavor to find their expression through them. It should not be forgotten, however, that these experiments were made with material of an intellectual nature and not with material of vital personal relevance like that dealt with by psychoanalysis. Thus while the memory theory of psychoanalysis showed us the unconscious dynamics of memory functioning, these experimentally derived theories arrived at structurally similar theories by investigating the memory function of the level of the secondary processes. This is a result which we would theoretically

hardly expect, since in the secondary process, logic and purposive ideas seem to replace driving force. Still, instincts and drives—the factors supplying the propelling power of memory material—apparently become perceptible even at the level of the normal secondary process and not only as wishes in dreams where the secondary process functions only in part.

Before these results can be fully evaluated and exploited by psychoanalytic psychology, the nature of the hypercathexes in their relation to verbal images during the process of bringing memories into consciousness, and the relation of bound to free cathexes, must be further clarified by psychoanalysis.

One more discovery of gestalt psychology, formulated by G. Katona, should be discussed here. Objections were raised against the trace theory on the grounds that a story may be reproduced in words altogether different from the original. Katona showed experimentally that traces are retained, not only of the individual sensory impressions constituting an experience, but also of the structure of the *meaning* of the experience. The significance of this finding cannot be overestimated by psychoanalysts because it is an experimental simile of what we know as dream representation and symbolic representation. In symbolic representation the structure and meaning also remain constant while the form varies. Naturally, the structure of the meaning of gestalt psychology is intellectually conceived and is thus only a distant parallel to the constant content of dream and symbol. Nevertheless it indicates how one may think of these processes in a more concrete form which is at the same time more amenable to experiment. Herbert Silberer's (19) observations on hypnagogic hallucinations also belong to this realm of phenomena in that the structure of thoughts remained unchanged and was merely translated into visual hallucinatory images.

Are these experimental parallels to the psychoanalytic theory of memory of any use to psychoanalysts and to psychoanalytic theory? We believe that they may be useful in several ways. What do we gain if we consider the mechanisms of the psychoanalytic theory, described in the first part of this

paper, as phenomena of the organization of memory traces by strivings? First of all we carry on Freud's effort to divest these mechanisms of their abstract and, at the same time, anthropomorphic (or perhaps egomorphic⁸) character. They become processes that operate through memory traces and their study becomes the study of memory organization. It is probable, for instance, that the primary mechanisms will be recognized as different degrees of the same process. When we imagine a striving that finds a memory of an early experience in which a similar striving found gratification, it can be seen that it will use the traces of this memory to express itself. This would be, however, only the expression of a similar striving and thus to express its specificity the striving must also use other memory traces which will express this specificity. In this way the first memory trace will be combined with another or others. If a compound memory trace is used, its alterations by other traces will appear as its distortions, while if many traces contribute equally to the expression of the striving or wish, the product will appear as a composite picture—a condensation. Naturally, the same process could be described differently by considering every part of these composite formations as the contributions of various partial wishes so that the balance, the compromise, of these wishes, would be the resulting composite revived memory.

By considering these mechanisms as memory phenomena we also bring them into a relationship which frequently eludes us when we view them singly.

To conceive of a phenomenon as belonging to an integrated whole is also the prerequisite of experimental exploration. The disadvantages of the lack of such an integration are seen in those psychological experiments that set out to prove or to disprove the theory of repression by investigating whether the memory material of a pleasant or of an unpleasant connotation is better retained. A greater amount of recalled pleasant material was considered proof of the theory of repression and vice-versa. What was often overlooked was that what is con-

⁸ See Weiss (20, p. 402).

sciously unpleasant is not necessarily repressed but that distortion, displacement and condensation may occur instead. Viewing these mechanisms as forms of memory organization will prevent such errors and will make the field more amenable to experimental exploration.

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A NEW APPROACH TO THE THERAPY OF ERYTHROPHOBIA

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Pathological blushing has been the subject of many psychoanalytic papers¹ in which it has always been considered a hysterical conversion symptom of a '*Befangenheitsneurose*' ('embarrassment neurosis'). A displacement from below upward phallicizes the face, whereby unconscious exhibitionistic and punishment wishes are satisfied. It is also known that those given to this kind of blushing are therapeutically difficult of access, narcissistic, and self-contained, and not infrequently express ideas that border on paranoia.

In spite of the bad therapeutic results obtained, the erythrophobic patient is not resistant to therapy. The fault lies rather in our technique. In the first place, if we demonstrate his phallic and exhibitionistic trends to an erythrophobic patient² we obtain more abundant evidence of their presence. Though we may be happy to find such confirming material, we are really taken in by a complicated unconscious defense mechanism of the patient. For, strange as this may be, the exhibitionism analytically observable in the symptom of morbid blushing is not primary at all, but secondary. What is primary is an excessively strong voyeur component, which is secondarily warded off by means of the exhibitionism.

The question of the origin and development of the voyeur

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¹ Cf. References on scopophilia (1, 2, 4, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 27, 28, 29).

² In the literature on the subject, very little distinction is made between fear of blushing and morbid blushing; both are inaccurately subsumed under the concept of erythrophobia. In this paper I deal essentially with the symptom of morbid blushing and do not enter upon the anxiety problem, since that would involve a tedious discussion of the theory of anxiety. See on this matter Jekels, Ludwig, and Bergler, Edmund (21).

component takes us back into the preœdipal period. Since Simmel's Wiesbaden paper, we know that looking is a variant of oral devouring; that the 'eye and ear are introjection organs for the adequate digestion and assimilation of optical and acoustic perceptions'.³ To what degree devouring with a glance is primary or is a substitute for devouring with the mouth cannot yet be decided. In any case, once it is brought to our attention, we find in erythrophobic patients a strong, constitutionally conditioned oral and aggressive component, originally related to the mother's breast,⁴ as excerpts from the case history given below clearly show.

In its subsequent career, this oral component encounters the bounds set by maternal prohibition. All of the child's multiform tendencies of devouring, tearing, biting, handling and gazing at the breast are understandably checked by the mother. This leads to the damming up of the oral component, to aggrievement at the blow to the baby's assumption of omnipotence and to reactive revenge. In boys, one solution⁵ of this conflict is a defiant reactive exhibitionism, somewhat according to the formula: 'I don't want to look at the mother's breast; I want to show myself'. The organ defensively displayed is the entire body (Lewin), but particularly the penis, the cheeks, and the buttocks.

In the œdipal phase, the original breast significance of the cheeks (maternal breast-penis) is fused with the phallic penis significance of the head: 'It is not true that I am castrated and have no penis; on the contrary, my penis is as big as my head'. In this mechanism of denial, the boy takes care of the feeling of defiance and revenge against supposed castrators (mother, later father). Symbolically displaying the penis, he also defends himself against unconscious homosexual

³ This point of view was taken up later by some authors—Christoffel (20), Fenichel (23), Servadio (26).

⁴ It is interesting that in a very significant case history published by Therese Benedek (2) the oral, preœdipal substructure of erythrophobia is plainly visible in the material, although in her theoretical conclusions the author clings to the œdipal conditioning of the symptom and the entire illness.

⁵ See in relation to other conflict solutions, Bergler, Edmund and Eidelberg, Ludwig (8).

wishes of the negative œdipus complex (penis as 'amulet' [23]). Yet this mechanism of denial through phallicized exhibition and aggression finally succumbs to repression and is replaced by the symptom of erythrophobia, in which the aggressive and exhibitionistic wishes are no longer conscious. Incidentally, the exhibitionistic tendency that was warded off is smuggled into the symptom: by blushing the erythrophobe makes himself really conspicuous, i.e., exhibits himself. It is also noteworthy that traces of the original voyeur wishes themselves are included in the final symptom. In the first place, according to Freud, every exhibitionist identifies himself with the voyeur, and by this detour enjoys voyeur pleasure. In the second place, the erythrophobe projects his own wishes to peep upon his surroundings. As virtually all analytic observers stress, these patients have pseudoparanoid ideas of being watched and observed. Thus peeping pleasure finds surreptitious satisfaction along the projective by-path of identification with an onlooker, buttressed by the moral alibi, 'Others, not I, are looking'. The erythrophobe makes use of others as a mirror in order to look at himself with a clear conscience.

Here are three clinical examples of the extraordinary interplay of original voyeurism and secondary exhibitionistic defense.

A patient, described in more detail below, occupied a box one evening at a circus performance. While watching two women trapeze artists demonstrate their skill she suddenly became 'dizzy', covered her face with her hands and cried out very loudly, 'I can't look at it; please tell me when it's over'. Voyeurism was warded off by means of exhibitionism: by attracting the attention of those about her, the patient exhibited herself. But this defensive exhibitionism was itself warded off as the patient blushed, grew ashamed and self-conscious because the scene she provoked was consciously very painful to her.

An erythrophobic patient stated that in childhood it was very distressing for him to sleep in the same room with his mother. He said that even at the age of three and a half he

felt ashamed. At any rate, he clearly remembered the following scene: the outer wall of his bed, made of netting, and therefore permitting a free view through the interstices, was turned towards his mother's bed. He would always cover this outer wall with his top sheet and covers for the night. Officially, this was a proof that he was not watching his mother undress; nor by inference, in the œdipal period, was he watching parental coitus. At the same time, exhibitionism—lying half naked without cover—was here used as a defense against the original voyeurism. In the third layer, the exhibitionistic defense too was warded off: he felt ashamed whenever his mother would cover him in the morning.

While being analyzed, another erythrophobic patient had the following experience. At a mountain cottage, he met a lady whom he thought he knew. He stared at her, against his usual custom, but could not remember where he had seen her face before. Suddenly it occurred to him that she might be a patient he had frequently seen at my office on leaving. The thought was distressing to him. He looked away but in the next few minutes behaved very exhibitionistically: he spoke loudly, began to sing, opened his shirt, put on another sweater, etc. The lady, not understanding what was going on, reported to me: 'The man behaved as if he desired to attract attention, although at the same time he was rather embarrassed and quite red'. Again we see the same set of facts: the primary desire to stare is secondarily warded off by means of exhibitionism ('as if he desired to attract attention to himself'), and at a tertiary stage the exhibitionism itself is warded off ('rather embarrassed and quite red').

To preface a consideration of the theoretical and therapeutic consequences of the three-layer structure of the symptom of erythrophobia, the following excerpt of a case history is presented.

A thirty-year-old lady came to psychoanalysis for erythrophobia. The symptomatology was typical. Whenever she would come upon some acquaintance unexpectedly or would have to wait on a strange customer at her husband's business,

she would become embarrassed and her face would grow blood red. (More precisely: her cheeks grew red, her forehead remained unchanged.) A very similar thing would happen if some man looked at her in public, in a cafe, a theater, etc., or if she was seated in her automobile when it was not in motion. She would become fearful that she could not get her motor going and that she would make a fool of herself as a driver. If she needed to go to the toilet in a restaurant and did not know its location, she would avoid looking for it, preferring to wait until she got home. She rationalized as follows: 'I don't want to be stared at. It would make me feel insecure, I might stumble ['fall'—prostitute fantasies], turn over a table and attract attention'. Officially, therefore, everything was avoided which might attract attention, but exhibitionism was thereby unconsciously smuggled in at every point. Although she dressed very decently, her whole appearance had something indefinably pretentious and attracted attention.

The infantile situation was described as follows: her energetic mother was the 'dearest and best woman' in the world, but her father was passive and without interest in anyone or anything. During her mother's long illness—she died of cancer of the breast—the patient cared for her with the utmost sacrifice. With her mother she was more a good friend than a daughter; her mother had indeed married young and had long retained her youth, so that she and her daughter were often taken for sisters. Since her mother's death, the patient had been in constant fear lest she too die of cancer of the breast. She would anxiously watch her breasts, was disturbed over every harmless pimple, and constantly bothered the doctors.

'My great misfortune is that I am not a man', the patient openly declared. Till her sixth year she was an only child; then a brother was born. 'From that day on I was through, nobody bothered about me, everything centered around the boy, it was always thrown up to me that I was only a girl.' The patient was deeply aggrieved by her demotion. She felt an 'honest hatred' for the system of male-dominated culture

and for her brother. From a cheerful, friendly child she turned into a 'shy, unfriendly, retiring stay-at-home' who very soon found only one joy—reading. 'I swallowed books, nothing else interested me at this time.' Obviously, her brother's existence, or rather his penis, contributed greatly to the oral regression.

The patient at first denied any childhood or pubertal masturbation. Her later sexual relations were always of the same type: the man must be beneath her mentally, a weakling, and sexually inadequate; he must arouse her pity. The patient was very presumptuous sexually and considered herself superior to men, whom she designated as 'stupid, clumsy and backward'. In sexual matters she had to train them. Yet, despite all her finesse, she achieved at the very most no more than clitoris orgasm. On the other hand, she would arrange it so that she could complain of unjust treatment, and ingratitude. Twice she fell in love with men despite (unconsciously because of) the fact that they had lost their means; then their families rejected her. Through clever unconscious provocations she succeeded in being wronged by a person or a group of persons, and then she exploited this masochistically in a big way.

Women she intellectually rejected. They were, she held, stupid, petty, mean, malicious, and interested only in clothes and intrigue. She considered herself to be different. On the other hand, she found the upper part of the female body very beautiful, especially the breast. 'The first thing I look at in a woman is the breast.' Then hesitantly, 'After which I compare it with my own'. And the triumphant conclusion: 'So far I have not yet found a woman with a bosom more beautiful than mine'. This vanity about her breasts—and it was a veritable infatuation—was disturbed by the constant fear that she would fall victim to cancer and 'go miserably down to destruction like my mother'.

The symptom of blushing appeared when she was still in elementary school. To break her of this 'bad habit' and for the sake of 'practice' and 'strengthening her will', her mother would send her on errands to various shops. The opposite result was achieved.

The patient entered her analysis with a preconceived resistance: she could not believe that she might unconsciously hate her mother—an idea she had picked up from reading. Soon some dreams with unequivocal death wishes against me and her mother startled her. Gradually she had to admit that she was filled with savage aggression, and she saw then the essential connection between this aggression and the unconscious guilt feelings, which led to a need for punishment. She saw too how she sexualized this feeling of guilt, how masochistic she was, and how she was always reconstructing the situation of being wronged. Nonplussed, she honestly admitted that she was sexually 'most strongly disposed' when she suffered some bodily pain, e.g., during her chronic neuralgia.⁶ This struck her as strange since her husband, on occasions when he suffered from bodily pain, had reacted quite otherwise.

But in part the patient's understanding of her psychic masochism, which she thoroughly assimilated, was accepted tendentiously because of resistance. The patient adopted an attitude of hostility and rejection towards all interpretations relating to her scopophilic impulse; she fought such interpretations with a cool 'very interesting' or a dubious 'but that is very complicated'. She would deliberately bring forward information given to her in the interpretation of masochism, would apply it in studying her husband and her surroundings, and would constantly find new confirmation in her own life. Unconsciously, she went through the old game: playing off one interpretation against the other, one being tendentiously emphasized, the other completely neglected.

Her childhood story showed that her mother had been the center of her chief conflicts. The mother, whom the patient always presented as a gracious 'friend', was in fact

⁶ This account of the patient, which is unquestionably correct, is as yet difficult to explain. Despite all advances—I refer to L. Eidelberg's contributions—we still know altogether too little about the essence of perception of pain on the part of masochists. I know of another case in which a completely frigid woman on the occasion of a genital operation fell into a state of sexual excitement lasting an entire day: unconsciously she conceived the operation as a castration which she masochistically affirmed.

full of aggression towards the child: she cursed her own 'stupidity' which had brought her a child so much too soon, who had hampered her enjoyment because of its demands, and she was maliciously critical of her daughter. She would constantly find fault with her daughter's appearance, with the color of her hair, with her complexion—the patient as a child had plump cheeks, like 'milk and blood' (the German equivalent of 'peaches and cream')—with her manner of speaking, etc. Thus there grew up in the child the feeling of not being loved, or rather of being inadequately loved, along with an immense hatred of the mother, which, however, had quite other causes that were practically independent of the mother's behavior and reached back into the preœdipal period. The following is a reconstruction of the conflict (with a certain degree of probability) around the patient's scopophilic impulse:

1. The child wishes to gaze at the mother's breast (gazing as substitute for devouring, touching, fingering, sucking). This later brings a sharp rebuke from the mother, producing in turn a severe lesion of the child's narcissism (preœdipal).

2. Attempts are made at reparation; the original voyeur wish is denied and supplanted by exhibitionism: 'I don't want to look at all; on the contrary, I want to show myself'. Instead of her mother's breasts, are chosen—after complicated permutations in psychic substitution—her own chubby cheeks (preœdipal). In the œdipal period, the lack of penis is denied through exhibition of the face (penis).

3. Then ensues a warding off of oral and phallic exhibition, repression, formation of the symptom of erythrophobia.

Each of the three phases here sketched lasts for some time with gradual transitions. The following supplementary material is to be noted. The patient subdivided the entire male world into two groups: the 'lookers' and the 'nonlookers', depending on whether the men in question looked at her sexually, a matter of great importance to her. If they gazed at her sexually, she would grow quite ironical and contemptuous of them. She would coquettishly dispose her bodily

form so as to compel being looked at. Despite her marked simplicity, she would dress strikingly. In fact, she was quite a coquettish woman, even though neurotically inhibited. She constantly visited every possible variety of physician, would undress for examination with an almost conscious pleasure (the doctor serving to relieve her guilt feelings), and repeatedly exposed herself elsewhere 'innocently' to attack, admitting that she was playing with fire. She could record a whole series of typical occurrences connected with the scopophilic impulse: men compromised themselves for her sake, frequently by looking through keyholes, etc. Consciously, all this was rather distasteful to her; she reacted to such occurrences with great moral resentment.

What was the sense of this chronic exhibitionism? Without doubt she satisfied her desire to show herself, even though this component, as has been pointed out, was secondary and a defense against her original desire to look. On the other hand, the men by looking at her relieved the guilt feelings she had for her own desire to look: 'Since everyone else is doing the same thing, I am exculpated'. It might indeed be said that every 'nonlooking' person represented a grave reproach of conscience. But these people were men and with these men the patient identified herself on preœdipal and phallic grounds. In this direction is to be found one of the approaches to the patient's strong unconscious homosexuality, at bottom determined preœdipally.

The patient, by exhibiting herself, played the part of her mother through identification, in this way emphasizing the 'malice' of the mother's denial: 'To strange men you show yourself without restraint, but not to your own child'. Here there is a connection with the typical behavior of oral people, to which I have called attention: they constantly bring the mother of early preœdipal days into the situation of denying, despite the greatest superabundance, in order to be able to be aggressive without any feelings of guilt and to exploit the denial masochistically.⁷

⁷ Cf. Bergler, Edmund (5); also the chapter, Oralität, in *Die psychische Impotenz des Mannes* (6).

In later years, the mother and daughter would go walking together, would coquette with men, and then jeer at them. The game was started by the patient to demonstrate the mother's malice: 'You show yourself to every strange man, but not to me'.

As an apparent contradiction, the patient said that her voyeurism was uninhibited on one single point: she could look at every woman's bosom without embarrassment. As an explanation we might in general appeal to the quantitative factor in the symptom formation, and to the fact that even in the best of cases the symptom is an attempt to settle inner conflicts which does not always succeed entirely. But because of their unmeasurability, quantitative factors should always be the last refuge. We must question whether looking at the breast really did satisfy primary voyeurism, for the looking may have been a defense. This supposition, once it had arisen, could not be dismissed. In fact, it is probable that the patient's looking at women's breasts might reassure her that the breast was still there.⁸ The patient was thus defending herself against the chronic latent reproach of conscience—'You want to bite off your mother's breast'—by establishing the intactness of the breast she was looking at, and identifying her mother with other women. In addition, the patient satisfied aggression against her mother: she said that she always found her own bosom to be the most beautiful.

To consider now the patient's harassing fears that, like her mother, she would die of cancer of the breast: at such times, she was immediately compelled to think of amputation of the breast. Her fears were greater by comparison than the usual fears in such cases. But if the supposition is correct that the patient's libidinal and aggressive interests had been concentrated from earliest times on the mother's breast, an explanation lies close at hand. They are the consequences of her unconscious feeling of guilt: 'You wanted to tear off

⁸ Very much as many agoraphobes refute their death wishes against their 'companion' through the constant necessity of having that person with them, i.e., through that person's bodily intactness, as Helene Deutsch has shown.

your mother's breast; as punishment the same thing shall happen to yours'.

How thoroughly the defense against the patient's fantasied disappointment with her mother was directed towards the narcissistic restitution of the impaired delusion of omnipotence and defiant revenge, are indicated by the following details. The patient was a passionate drinker of milk, which she consumed by the quart. The implied defiance of her mother was: 'I don't need *your* milk'. Similarly, we may regard the above-mentioned warding off of disappointment, 'I want to look', as a disavowal, 'I want to display myself'. With this patient everything was based on hate-laden defiance and exaggerated independence; the possibility of kindly, good-natured relations with others was altogether spoiled. For her the statement certainly holds that man lives less by his drives and impulses than by his defense mechanisms and his attempts at narcissistic restitution.

It is difficult to exaggerate the aggressive component in the symptom of erythrophobia. Thus, for example, the patients often have the strange unconscious notion that the woman's breast contains blood. Whether this represents a primary theory or a secondary one making use of the patient's own aggressions against the mother's breast, is difficult to say, although the latter seems to be the more probable. In the full-blown symptom there are thus included unconscious aggression against the breast (growing blood-red) and unconscious punishment therefor. On the other hand, red cheeks often serve as bait; erythrophobic men, in female identification, utilize them in unconscious homosexuality. And finally it must not be forgotten that blushing is often held to be a sign of beauty. Recall Lessing's words in *Nathan the Wise*: 'Blushing makes even the ugliest so beautiful, shall it not make the beautiful still more beautiful?'

As evidence of the oral substructure of the patient's malady, we have a suddenly emerging remembrance of a tale told by her mother. When the patient was a child, her mother had told her that as an infant she had long been given to scream-

ing violently. The family doctor was puzzled until a consulting specialist explained: 'The child is famished', and ordered a milk fattening cure. For this reason the patient was kept on a fattening diet in later years, which, among other things, led to her plump, chubby cheeks. This factor, bound up with a real oral disappointment of the suckling infant due to the mother's mastitis, while certainly not the sole cause of her malady, might very well have had a good part in it. The essential point could well have been the unfavorable psychic utilization of the orality and its voyeuristic derivatives; yet the constitutional reënforcement of orality and the real disappointment during the period of suckling must not pass unregarded. An interesting detail relating to the choice of her own cheeks as substitute for the maternal breast must be mentioned. The patient, as we have noted, had full cheeks as a child which, people always would tell her, looked like 'milk and blood' ('peaches and cream'). Every visitor would pet them, make friendly remarks on their size, color and firmness. As the patient was brought up with great regard for modesty, her cheeks were virtually the only part of her body permitted to be exhibited. Naturally it is not implied that this is the entire explanation for the selection of the cheeks. Very probably other elements played a part, e.g., displacement from below upwards, mentioned by all analytic writers on the subject, i.e., the later penis identification from the œdipal period. In the preœdipal period, however, the preœdipal significance of the penis as a breast should be considered. In this connection, I point to a game played by another patient in his seventh year. He again and again saw women suckling their children. This excited him sexually and led to the following: he took a long blade of straw, stuck it into his own penis, put the end to his lips and drank his own urine.⁹ Here the psychic utilization of the conception of the penis as breast is unmistakable. The preœdipal stage is also indicated by the fact that two cheeks made use of psychically in blushing

⁹ For details see Bergler, Edmund (6, p. 85) and also *Zur Problematik der Pseudodebilität* (3).

are in obvious correspondence to the two breasts. Further, it should be emphasized that the oral-receptive desire finds expression in the fact that while the cheeks do not secrete a fluid like the breasts, they have the mouth lying between them and the mouth can devour. Thus this desire insinuates itself into the defense against the original devouring wish. Finally, it should be stressed that the choice of the cheeks emerges gradually, and the existence of exhibitionistic forestages of the whole body, the penis, the buttocks, etc., may be demonstrated.

The three-layer structure here indicated for the symptom of pathological blushing has already been postulated in the case of another malady, likewise connected with the scotophilic impulse. In depersonalization, Eidelberg and I¹⁰ have stated that an anal-exhibitionistic impulse is repressed and built secondarily into a reactive narcissistic voyeur wish: 'I don't want to show myself at all; I will look at myself'. The morbid self-observation of the depersonalized we attributed to unconscious voyeur desire. This defense is also repressed and leads in a third layer to a new effort of the unconscious ego: 'I don't look; I observe myself for the sake of conscience. I do not enjoy myself; I suffer'.

The question arises why two maladies so closely connected with the active and passive scotophilic impulse should both possess this three-layer structure. Perhaps this is related to the exceptional position of the scotophilic impulse, yet so little studied and understood. Perhaps the scotophilic impulse always appears primarily in an oral-receptive form as voyeurism, while exhibitionism is secondary and represents a kind of defense when the voyeurism happens to strike upon some insurmountable barrier.

How far the *three-layer structure* may prove to have relevance for other neurotic maladies is still unknown today.¹¹

¹⁰ *Der Mechanismus der Depersonalisation* (9). Our theory of depersonalization does not in any way imply a negation of the significant work of Nunberg, Federn, Schilder, Oberndorf, Hartmann, Reik, Sadger, Searl and others. In the present indecisive state of the depersonalization question, it is permissible for each author to defend his own theory.

¹¹ I have since demonstrated that this three-layer structure applies to obsessional neuroses as well (7).

As to the therapeutic consequences arising from the three-layer structure in the special case of morbid blushing, it would appear that the hitherto customary interpretation of phallic exhibitionism is, to say the least, inadequate. Brought forward by itself, it does not break down the symptom. On the contrary, it bolsters the unconscious defense mechanism. In my opinion, it is always necessary to point to the defensive character of the exhibitionism in the symptom and to show that this exhibitionism is a protective wall, a sort of moral alibi, against the still more forbidden voyeur wishes. If this is done consistently over a long period of time, the prospects of therapy are essentially improved.

It is also a mistake to believe that the pseudo-paranoid ideas expressed by these patients constitute an excuse for lack of therapeutic success. These ideas must be properly understood. At bottom, it is a question of an alibi for looking at one's self through projection: 'I am not looking at myself; the others are doing it'.

Summary

Morbid blushing in the literature is usually considered a hysterical conversion symptom within the '*Befangenheitsneurose*' ('embarrassment neurosis'): a displacement from below upward phallicizes the face and thereby unconscious exhibitionistic and punishment wishes are satisfied. It is also known that people given to this kind of blushing are therapeutically difficult of access, narcissistic, and self-contained, frequently with ideas bordering on the paranoid.

As against hitherto prevailing conceptions, I am of the opinion that in the symptom of morbid blushing a three-layer structure may be established:

Layer 1: Precædipal Voyeur Wish. The original wish reads, 'I want to look at the breast of the phallic mother', in which ocular reception—as Simmel first showed was generally valid—signifies a variety of oral devouring. To what degree the devouring with a look is primary or already a substitute for devouring with the mouth cannot yet be ascertained.

Layer 2: Repression of the Preœdipal Voyeur Wish, Reactive Preœdipal Exhibition Wish, Repressed Revenge. The child's desire to devour or to look at the maternal breast is at a later period sternly warded off by the mother. This leads among other things to a damming up of the voyeur wish, to a narcissistic grievance and reactive revenge. The voyeur wishes are repressed and transformed into a defiant reactive exhibition wish. The exhibiting of one's own cheeks, unconsciously identified with the maternal breasts, not only satisfies the exhibitionistic drive and extinguishes the narcissistic grievance by means of the unconscious denial mechanism and return to 'autarchic fiction' (Jekels and Bergler); it is also, perhaps above all, conceived as unconscious defiance of, and revenge against, the preœdipal mother. A good part of aggression is thereby satisfied. The selection of the cheeks has a complicated prehistory, passing through the stage of the exhibition of the whole body (Lewin).

Layer 3: Œdipal Phallicization of the Facial Exhibition, Repression of this Tendency in Turn, and of Aggression. In the œdipal phase the original breast significance of the cheeks (maternal breast-penis) is fused with the phallic penis significance of the head: 'It is not true that I am castrated and have no penis; on the contrary, my penis is as big as my head'. Here, too, in this mechanism of denial, the feeling of defiance and revenge against the supposed castrators (mother, later father) are taken care of. In the boy's symbolical display of the penis there is also in part a defense against unconscious homosexual wishes from the negative œdipus complex. Yet, for all that, this mechanism of denial through phallicized exhibition and aggression itself succumbs to repression, leading to the symptom of erythrophobia, in which the aggression and exhibition wishes are no longer conscious. On the other hand, in roundabout ways, the exhibitionistic tendency that has been warded off is smuggled into the symptom; by blushing the erythrophobe makes himself really conspicuous, i.e., exhibits himself. It is also noteworthy that remnants even of the original voyeur wishes are significantly contained in the completed symptom

in two ways. In the first place, according to Freud, every exhibitionist identifies himself with the voyeur and by this by-path enjoys voyeur pleasure. In the second place, the erythrophobe projects his voyeur wishes upon his surroundings. All these patients have, as virtually all analytic observers stress, pseudo-paranoid ideas of being observed. Along the projective by-path of identification with the spectator, voyeur pleasure finds a surreptitious satisfaction with a moral alibi. With a clear conscience the erythrophobe makes use of the other as a mirror in order to look at himself.

A few clinical examples are presented and conjectures expressed to establish a foundation for the exceptional position of the scopophilic impulse in the consecutive three-layer structure.

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UNCONSCIOUS MENTAL ACTIVITY IN HYPNOSIS—PSYCHOANALYTIC IMPLICATIONS

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Misconceptions regarding the alleged limitation of hypnotic psychotherapy to hypnotic suggestion are current because of the failure to differentiate between (1) the process of inducing trance states and (2) the nature of the trance. Since hypnosis can be induced and trance manifestations elicited by suggestion, the unwarranted assumption is made that whatever develops from hypnosis must be completely a result of suggestion, and primarily an expression of it.

The hypnotized person remains an individual, and only certain limited general relationships and behavior are temporarily altered by hypnosis. Hypnosis is, in fact, the induction of a peculiar psychological state which permits the subject to reassociate and reorganize his inner psychological complexities in a way suitable to the unique items of his own psychological experiences.

CASE REPORT

Dr. Jane was a quiet, earnest, hardworking, highly intelligent woman interne. During the course of her hospital service she had often sought help and instruction from me about her ward work. She had shown much interest, and had often watched my hypnotic experiments. She had been asked repeatedly to act as a subject but had always politely refused. I and various other members of the professional staff characterized her as a decidedly insecure rather neurotic girl who probably suffered from some distressing personality problem.

After about six months' professional association with her, she came unexpectedly to my office and related with some pressure and urgency that she had a serious personal problem

that she must decide within the next month. For months, every time she tried to make a decision about it her thoughts became blocked, she became anxious, and dismissed it by absorbing herself in work. She had developed insomnia and drove herself from one task to another to fall asleep from exhaustion. She invited my assistance and prescribed the manner in which it was to be given. Some evening when it was convenient for me, I was to go to her apartment and hypnotize her, adding that she did not know why she wanted me to do it. She warned me not to question her because she did not know the answers. She dictated in detail the manner in which I was to proceed in hypnotizing her: 'I want you to be very emphatic about instructing my unconscious to think my problem through in a cool, unemotional fashion. I want my unconscious to discover what that problem is because I really don't know, and to look at it from every angle, size it up, and then make some sort of a final formulation no matter what it is. Watching your subjects has impressed me with the way the unconscious can handle problems a person doesn't know he has. I know I have a problem that troubles me, makes me irritable and lose a lot of weight. I am just plain disagreeable in company. This can't go on. I've got to leave the hospital soon and I can't even make any plans. So I want my unconscious to straighten things out for me.

'This is what I want to do. First hypnotize me very soundly and when I am in a deep trance, tell my unconscious everything I have just told you, using the notes you have made so that you don't omit anything. I want you to be as careful and as complete as you are when you are giving your experimental subjects suggestions. You don't know what your instructions are going to result in and it is the same way with me. I don't know and you don't know what it is all about, but if you tell my unconscious everything I have told you, it will understand. Be sure to tell it that it must think the whole problem clear through. Be emphatic.'¹

¹ In the language of the unconscious, the hypnotist is being instructed by the subject to order her to get married—the object of the treatment. [Ed.]

She disclaimed with obvious sincerity any additional understanding of her problem and said that she could not give any more information although she felt herself willing to do so. She left the office hastily.

On meeting her during the next two days, no reference was made to the visit even though several opportunities were offered her. On the third day she was asked casually about her plans for the evening. She replied she felt so tired that she planned to go to bed early and get some rest. Nothing in her manner indicated any awareness of a possible significance to the question.

At seven o'clock that evening she seemed astonished to have me call on her. She met the situation in a socially adequate fashion and invited me in for a visit. During the general conversation that ensued it became apparent that she had developed an amnesia for the visit to my office. She yawned repeatedly, each time apologizing for her seeming inhospitality, and confessed to having insomnia. This was seized upon to introduce the topic of hypnosis and the suggestion was offered that she might try hypnosis to induce sleep. Contrary to her previous refusals, she consented and promptly adjusted herself in a comfortable position on the couch.

She responded quickly and soon developed a profound trance. She was told to sleep deeply and continuously for half an hour during which I would absent myself, the purpose being that of providing ample opportunity for her to develop a profound trance state. She passively assented.

Returning in half an hour I told her to continue sleeping deeply and I began a rather rambling monologue making vague general references to the office visit followed by repeated comments on the autonomy of the unconscious, its ability to respond adequately, and its capacity to solve mental problems as well as or even better than the conscious mind. There followed a systematic review of the conversation of the initial interview to which she seemed to listen most attentively and with some show of emotion.

At the conclusion she was asked if she understood the nature of her problem and if she were willing to examine it and to solve it. With much emotion she answered, 'Yes, I know what it is. I understand. It is hard to decide but I have to do it and I suppose I might as well now.' Asked if she wished to talk about her problem she replied that she did not want to have anybody know anything about it, that her purpose was to solve it entirely by herself. How long a time would she need? After a few moments she answered thoughtfully, 'Come back in an hour and ask me if I am through and I will tell you'.

An hour later she was still sleeping soundly. Asked if it was time to awaken her she answered, 'I am almost through. It will probably take me half an hour longer.' In half an hour she responded to my return with the spontaneous statement, 'I'm through. I've got it solved. You can awaken me any time you want to, but I think you better tell me after I am awakened that it will be all right to know the answer.' I agreed but instructed her to remain asleep some minutes longer in order that she might be sure of everything. Some minutes later she was told that she might awaken if she were really convinced that her task was done. Immediately she repeated her request that she be told after awakening that it would be all right to know the answer. Prompt assurance was given and then she was told to awaken gently and easily. This she did and at once she began to converse freely, picking up the general thread of the conversation preceding the trance. She gave no evidence of recollecting that she had been hypnotized nor of understanding the reason for my presence. She was puzzled to note the passage of time and seemed at a loss to account for it. Remarks about 'our chat a few days ago' elicited only responses relating to previous professional discussions.

After twenty minutes of conversation it became obvious that she could not understand the prolongation of my inexplicable visit and she was secretly wishing I would leave. At the door I

paused and, looking at her intently, remarked, 'It is all right now for you to know the answer'.

She seemed to be at a loss to find words with which to reply. Again I said 'It is all right now for you to know the answer'. She responded with a bewildered look, and suddenly reacted with a startled flush and became tremulous and jerky in her movements and speech. With great anxiety she explained, 'Won't you excuse me, please. I just found out something I wasn't prepared to know. I have to think about it right away so won't you please leave me alone. Please hurry.'

The next day and thereafter she made no reference to the foregoing incidents. Everything indicated that she had complete amnesia for both the office visit and the events of the evening. It was noted by her colleagues that she was working with greater ease, was more sociable and was eating better and gaining weight.

Approximately a month after the hypnotic session she came into my office and displayed a wedding ring. She had not publicly announced her engagement of a month ago or her marriage of the previous day, choosing instead to tell it first to a selected few. I was included because in her ward work I had given her special supervision and instruction for which she felt particularly grateful. She seemed to have no conscious awareness of any other possible instance that might have some bearing upon her choice.

The man she married was known to have been interested in her for some time but she had not been known by me or others on the staff to have shown any real interest in him. Neither was she known by her colleagues to have spent much time in his company although it was common knowledge that he was greatly attracted to her. It was the consensus that he was decidedly her inferior in so many aspects that he would never be able to interest her, despite his substantial worth as an average citizen.

Shortly after the marriage the young couple moved to another city and nothing more was heard of them until three months

later when she walked into my office and stated that she wanted to thank me.

That morning, lying in bed after her husband had gone to his office, she had begun thinking about how happy she was and wondering what she had ever done to deserve such happiness.² Previous to marriage she had anticipated some difficulties in marital adjustment because of the marked difference in nature between her husband and herself; yet each time a disagreement seemed impending it had solved itself without difficulty. Then she had experienced a sudden rush of memories relating to the interview in my office and the subsequent hypnotic session. 'It was the first time I was consciously aware of those things. Of course, I was conscious of what I was telling you that morning, but as soon as I left your office, I must have repressed it completely because I never thought of it again until this morning. When you came to my apartment to hypnotize me, I was surprised to see you. I didn't know why you came. I just thought it was a social call. And when you suggested hypnosis to me, I was so tired that I didn't remember that I had always refused to be a subject for you.'

I asked her to give a detailed account of the initial interview. She replied, 'Oh, that isn't necessary, I remember all of that distinctly, and besides, that isn't why I came to see you. When I told you I had a problem and that I didn't know what the problem was, I was telling you the truth. I just knew something was wrong. I was in love with John, but I didn't know it and I wouldn't have believed anybody that told me so. I tried not to go out with him very often, and I didn't, but just the same I was in love. There are many differences between John and me, as you know. Our family background is entirely different. John just plugs along and I was always at the head of my class. I have many interests—music, literature, art—that John hasn't. I repressed all my feelings for him the way I must have repressed that whole talk with you. Watch-

² This statement indicates that a disturbing sense of guilt about her relationship to her husband is becoming conscious. [Ed.]

ing you do hypnosis gave me an idea. When I figured out that plan I had the feeling that my problem must be something I didn't want anybody to know or I wouldn't be keeping it from myself so completely. That is why I asked you to do things the way I did.

'When you put me in a trance, I was scared as soon as I went under and you began talking about the things I had said to you. But I knew right away that you were just talking to my unconscious and that if I woke up I wouldn't remember a thing, the way your other subjects do, so I felt reassured, and let you go ahead. When you finished I was all ready to go to work, except that I was afraid of how it might turn out because I knew I loved John. As soon as you left the room, I saw in my mind, like a patient's hallucination, a great long manuscript that slowly unrolled. It was divided into *pros* and *cons* about marrying John. What they were you don't need to know.'

Questioning disclosed that these were such words or phrases as 'industrious', 'lacking in imagination', but she was unwilling to cite other than descriptive items of which she knew me to be aware. She stated that there were many items which were of particular and personal importance to her and would be difficult for anybody else to understand.

When the lists had been read through completely, they were reread thoughtfully and then a process of 'cancellation' was begun, sometimes by crossing out pairs, sometimes by adding an item from one list to one in the other list and then rewording the combined item, giving it an entirely new significance. Some items in both columns could be dealt with only by rewording them through an inclusion of pros and cons applicable to herself rather than to John; then some of the reworded items could be 'crossed out', 'balanced', or 'combined'. In counting the items remaining in each list, she found that 'there was a marked preponderance of pros and so I reread the list of pros again because it seemed too good to believe, and I found that the count was only arithmetically correct

because the pros were all so much larger than the cons. Then I knew what my answer really was.

'When you returned a second time and suggested that I sleep a few minutes longer to make sure my problem was solved, I wanted to tell you what the answer was, but I felt John should be the first to know. I was already sure, so I just slept as you told me. I knew hypnotic subjects had amnesias for trance experiences so I carefully told you to be sure to tell me to know the answer.'³

'When you awakened me, I didn't know I had been asleep and you seemed to have been there only a few minutes. I was awfully upset when I noticed how late it was. I couldn't pay attention to what you were saying because I was wondering what had happened to make it so late. When you said it would be all right to know the answer, I couldn't understand what you meant. When you repeated it, I suddenly knew that I loved John and would marry him if he asked me to. I was rather rude to you, but I didn't know how that idea had come to my mind and I had to be alone and think about it. The more I thought about it the more I knew I loved him. I went to bed happy for the first time in months, feeling as if I didn't have a problem in the world. The next morning, I had thoughts about nothing except John. We became engaged and I wanted to tell you about it, but I couldn't figure out any reason for doing so. When we got married, I wanted to tell you and the only reason for doing so that I could think of was the help you had given me in my work. That didn't seem to be sufficient reason, but I used it anyway.'

Two years later an unannounced call on the couple found them happily married. The wife commented with pride upon the accuracy with which her unconscious had evaluated the whole situation. She had told her husband nothing about

³ Two things may be noted here: (1) the subject's conviction that there would be an amnesia, and (2) that the wording of her request concerned only the answer and not the experience of reaching that answer; hence there would naturally be an amnesia for the experience and a knowledge only of the end result.

her hypnotic experience. Some years later they were found to be most happy, and enthusiastic parents of several children. Word has been received directly and indirectly from them from time to time indicating a most successful marriage. [By M.H.E.]

CASE REPORT

A young college woman, who for a year had frequently acted as an experimental hypnotic subject for me, some months later appeared at my office stating that she wished to have a long personal talk with me about an important problem.

'In my hypnotic work with you', she said, 'I have learned a good many things and feel well repaid for the time and effort I have given you. Now I want to ask a personal favor of you and it is to be a *favor* and not a repayment for what I have done for you. The things I have learned have more than repaid me. I am emphasizing this so that you will do exactly as I wish and not according to any ideas that you might have. I have planned this all out.

'You know practically everything about me except that I have fallen in love and am going to be married soon. That is all settled.

'George is not like me at all. We are both college graduates, but where I am brilliant, George is just of average intellect; however, he has a much more charming personality, is even-tempered and socially much more adaptable. But he is stubborn, too, and he is much more confident of his intelligence than he has any right to be. He doesn't know I am a lot more intelligent than he is and he is not the kind of person who would ever find it out. Whereas I am excitable and quick-tempered, he is always calm and unruffled. He is just exactly the kind of man who will make up for and correct the deficiencies in my own personality and we are very much in love. I have tried to fight against it because I am afraid I will make George unhappy, but it is no use; so I have tried to size up our personalities and tried to reach some understanding of

what I must do to meet his needs if we are to have a happy married life, but I become confused and get nowhere.

'I want you to put me in a deep trance and tell me to remember clearly all that I have just been telling you. When that is done, give me instructions to think about George and myself and about the things that I need to do to insure a reasonably good marital adjustment. Do not try to question or help me. Watch me closely and whenever you see me getting emotionally disturbed or confused or inattentive, reassure me that I can and must do this thinking, and keep me at it until I am through. When I get through, I will let you know what else, if anything, should be done.'

Accordingly, a deep hypnotic trance was induced. She was then told to review silently and in full everything she had said in the waking state and to elaborate each idea mentally until it was clear in her mind. At first she objected, but finally acceded when reminded that the suggestion was at her own request. During the review she manifested much tension. When she seemed to have completed this task she was told to reflect on exactly what it was she had in mind to do and how she was to do it, and when her method of approach to her problem was clearly formulated she was to proceed. Again she objected to this suggestion but soon acknowledged its desirability. After some meditation she declared that she was fully ready and asked if she might go ahead with her task. She was told to proceed. It soon became evident that she had decided to resort chiefly to a silent review or study of whatever it was she had in mind.

In a short time she became distressed, and she was urged to begin again and to postpone temporarily any particularly distressing items until other matters had been cleared up sufficiently to permit thinking about the more painful things. When she gave evidence of distress, rest periods of two to five minutes were suggested to her and these seemed to help her.

At times she would verbalize details of past emotional experiences known to me. Sometimes she would ask me to move

to a remote corner of the room and order me not to listen, talking to herself in a low tone. On these occasions she would ask for the instruction to 'go ahead and face it through'. Approximately two hours were spent in this manner, often with a display of intense emotion which seemed to be alleviated by general reassurances from me. She then declared that she was through with her task and asked to be awakened with emphatic instructions from me that she retain full consciousness of her trance experience.

Upon awakening she was sorry for having been so slow but stated that she still was not through with her task. She now wanted to review her recollections of the trance; until this was done she would not know what next step would be necessary. She spent half an hour in silent meditation without display of emotion excepting gestures expressive of decision or conviction. Questioned about her progress, she replied that she had now reviewed all the 'major matters', adding that her recollection of much of the trance was exceedingly vague; nevertheless she felt 'entirely comfortable' about everything.

She now wished to discuss with me various items but I was only to listen, except that now and then I was to take 'a negative attitude' which, she explained, would encourage her to be positive and emphatic in her statements.

She spoke in vague generalities about marital adjustment, sexual satisfaction, self-control of temper and the need for marital partners to encourage each other's interests. Finally she offered the opinion that she really had nothing further to discuss. I agreed at once, whereupon she abruptly contradicted me to declare emphatically that there was still much to be said. She then launched into an earnest discussion of all the things she felt confident would contribute materially to a successful marriage, an excellent evaluation of her own personality and of George's, as was later learned by direct contact with him. This discussion was all at a superficial social level.

She brought the discussion to a close by stating that there remained only one thing more for me to do: 'If there is to be

any negative attitude toward our marriage, it is better for you to have it and not me. I want you to be pessimistic and doubtful and not encourage it. Don't say anything openly; just take a general negative attitude. *I want you to keep that attitude for at least two years* when it won't make any difference because then I will be able to show you. I will write you newsy letters which you will answer politely, and in some subtle way, such as *hoping* all is going well with George's work, express your negative attitude.'

During the next two years occasional letters were received and promptly answered, always with some ambiguous remarks about George. Six months after the expiration of the two years she wrote a letter saying that she was pregnant and that her husband had been promoted to a much better position.⁴ Her intimate friends all reported the marriage to be most satisfactory and after five years it appears to remain so. George, like John, was not told of these matters. [By M. H. E.]

DISCUSSION

The study of unconscious mental activity by other techniques provides methods of checking psychoanalytic data, theories and techniques. If it is found that the therapeutic results of psychoanalysis seem to be duplicated by different and much less time consuming techniques, psychoanalysts should be quick to investigate these possibilities in the hope that they may be verified.

These case records of two patients treated by hypnosis are of interest precisely because of the almost complete absence of evidence of unconscious mental activity in the manner in which it regularly appears in the course of psychoanalytic therapy. There is no history, there are no free associations, the patients

⁴ Again, in the language of the unconscious, the hypnotist had been instructed by the subject to order her to have a baby and also to allow George to achieve some degree of parity with her in order 'to insure a reasonably good marital adjustment.' She did both 'in two years' and was then 'able to show' the hypnotist that she had obeyed him. Cf. footnote 2. [Ed.]

do not even give a clear statement of their problems, and the state of the transference must be inferred. These records cannot be studied as psychoanalytic documents. This is not a failure in transcription, for the hypnotist in a personal communication states that he does not know appreciably more about his patients' ideational content than is in the record. The therapeutic result is achieved without 'making the unconscious conscious'.

Recognizing this difference, it still appears profitable to make a comparison between the two methods upon the basis of certain familiar concepts: (1) Unconscious⁵ conflict and indecision within the psyche gives rise to anxiety against which defenses are erected. These defenses prevent both unconscious resolution of the conflict and its emergence into consciousness, and may result in inhibition of thinking, confusion, interference with activity. (2) An unconscious conflict may be resolved unconsciously. (3) The result produced by this unconscious work is evidenced by the emergence into consciousness of a thought, or a decision, which the person explains either in terms of some unconscious derivatives, more or less symbolized, or by a rationalization. (4) Such unconscious activity can be influenced, accelerated, or retarded, by a relationship with another person.

Analysts have found that the transference is a vital part of the therapeutic process and that the intrapsychic conflict would not continue its disturbing existence were it not for current difficulties in personal relationships according to a pattern of transference and provoked by the individual's relation to his environment. The hypnotist⁶ evidently holds the view that the intrapsychic conflict exists as an entity complete in itself although modifiable by extrapsychic influences. The transference of the hypnotic subject to the hypnotist is ignored, or at least not utilized as a therapeutic instrument, by the hypnotist.

⁵ No distinction is made here between unconscious and preconscious.

⁶ These remarks are limited to the method used in these two cases.

Psychoanalytic technique explores precisely the transference as the essential focus of therapy.⁷

The majority of patients seeking psychotherapy suffer symptoms the causes of which they can only deny or rationalize. Those who believe that they know the nature of their conflicts are still unable to recognize the factors making for their insolubility. While patients claim ignorance of their intrapsychic problems, they relate a running narrative which, when it is completed in the process of analysis, demonstrates that there must have been an unconscious understanding and planning from the beginning. Patients 'know' what is troubling them but the knowledge is too painful to be borne in consciousness without help. The conflict is neither consciously perceived nor effectively suppressed.

The unconscious weighing of pros and cons to arrive at a decision by these two women whose records are presented is routinely observed in analysis. Both these women were familiar with hypnotic experiments and were aware of the possibility of avoiding the conscious working out of their problems. Analysands who have had a long acquaintance with psychoanalytic psychotherapy before making the decision to be analyzed have identical ambivalent feelings about the treatment. Often it is not clear what brings them to the decision to begin treatment. Such patients are sometimes found to have been maintaining defenses against the anxiety incident to partial insight. A good example is a paranoid individual who

⁷ These two women were in states of transference to the hypnotist long before the treatment began. Some of the characteristics of this transference can be inferentially reconstructed. The hypnotist was a person in a position of authority to both. Both women were in states of discomforting ambivalence about marriage. Both had chosen partners who were their inferiors. The transference would seem to be a fantasy compromise in which these women were simultaneously identified with the therapist (both gave detailed peremptory orders as to how the treatment was to be carried out), and in states of submission to him (hypnotism). In the first case the submission was achieved by a device (amnesia), in the second, under protest. In both cases (explicitly stated in the second) the mixed transference to the therapist persisted long after the therapy and was presumably an important factor in the 'adjustment' to marriage. [Ed.] Cf. de Saussure, Raymond: *Transference and Animal Magnetism*. This QUARTERLY, XII, 1943, pp. 194-201.

can no longer endure the 'persecutions' of his enemy nor the 'deceptions' of his wife. He is consciously convinced about his delusions but instead of consulting a lawyer, under the guise of seeking protection from the enemy or treatment for his wife, he consults a psychiatrist and becomes convinced that he himself needs treatment. Clearly the unconscious understanding of his problem is far more correct than is his conscious formulation of it.

Psychoanalytic 'working through' is essentially due to the fact that once a point is grasped it still cannot be utilized until sundry unconscious associations have become conscious. Psychoanalytic technique endeavors to reduce the stimulus (anxiety) to resistance. The hypnotic technique by-passes the resistance, so to speak. The hypnotist endeavors to operate directly upon the conflict in the belief that if it is solved much of the defense will spontaneously crumble.

Although in both cases reported, the subjects dictated in detail the method by which the therapy was to be conducted, it can be presumed that the result could not have been accomplished without the mediation of the hypnotist. It might be said that the subjects utilized their transference to the hypnotist who served in these instances chiefly as a passive instrument and who by following the instructions given him enabled the subjects to accomplish a piece of psychological work. This, of course, is an important part of the function of the analyst in psychoanalytic psychotherapy.

Impressive as the evident similarities between hypnotic and psychoanalytic treatment are, they focus attention upon the conspicuous differences. The first is the contrast between psychoanalytic transference and hypnotic rapport. In the cases here reported little is revealed concerning the patients' transference to the hypnotist except that they respond readily to his verbal suggestions;⁸ yet this is not so surprising because he is

⁸ In discussions of the mechanism of hypnosis, insufficient consideration is given to the possibility of *unspoken* suggestion by the hypnotist to the subject. Cf. de Saussure, Raymond: *Transference and Animal Magnetism*. This QUARTERLY, XII, 1943, pp. 199-200. [Ed.]

careful to suggest only what they had previously instructed him to require them to do. That these subjects to this extent maintain the semblance of controlling the transference must be an important factor is reducing overt resistance. Much more important, however, is the fact that the unconscious motivations which arouse latent anxiety and conscious indecision remain unconscious. Noteworthy is the refusal of both subjects to tell the physician what goes on in their mind during the treatment. The patient seeking help for his difficulties of necessity emphasizes his failures. This can lead in psychoanalysis to growing resentment through narcissistic injury if the analyst does not occasionally remind his patient of his admirable qualities and inhibited abilities. Hypnotic technique does not require that the patient communicate, or indeed become aware of primitive or infantile unconscious strivings that are alien to the conscious ego ideal. Consequently the subject is not stimulated to build up resistant and hostile attitudes because the therapy does not require that the unconscious be made conscious.

These two women apparently resolved a specific conflict without consciousness of the content of the conflict at any time during the treatment. There was no interpretation by the physician to influence what they thought. His manifest influence was purely the direction that they think. If this were the complete explanation it would have vast implications. The hypnotic suggestion could be as unlimited as the total capacity of the patient to think. But this is to assume that the spoken word of the hypnotist constitutes his principle value as a factor influencing the patient. This conception must be incorrect. The physician, by his presence and all that he may represent in his patient's fantasy, must have a profound effect upon the patient although it is not stated in words and perhaps not consciously recognized.⁹

⁹ The second subject, who seems less inhibited than the first, makes two statements that may provide a clue. Both women are ambivalent to the point of virtual paralysis about marriage. Both act out their hostility towards men by choosing inferior mates. The second subject says to the hypnotist: 'If

The statement is of course made that patients like these were not really in great difficulty, that their plans were made, and that they merely resorted to hypnosis as a sort of ritual to bolster their actions; any abracadabra, provided it had local prestige, would have done as well. The same is said repeatedly of psychoanalysis, as in the instance of the woman who consulted a psychoanalyst and after the first interview left her engagement and wedding rings in the analyst's lavatory. After the treatment she divorced her husband. It can be said that she had decided upon divorce and that the psychoanalytic treatment was something she used to rationalize the decision. This assertion fails to explain why the patient had to resort to such elaborate means of justifying her action. In this instance the patient's analysis revealed that she had married apparently as an act of obedience to her mother but in reality to escape from her mother. To be divorced had for her the meaning that she would have to resume her old relationship with her mother. When, through therapy, she had freed herself from an infantile dependence on her mother, she was able to proceed to terminate an unsatisfactory marriage. That these hypnotic patients did not reveal the nature of the factors which impeded their decisions to marry does not argue that there were none; nor does it prove that these factors were not thought out or altered in the unconscious.

There remains for discussion the value of psychotherapy which does not provide conscious insight. How important is the matter of making the unconscious conscious? Is symptomatic relief the criterion of successful psychotherapy? If the patient should be made aware of previously unknown unconscious strivings, is it necessary that he know all of the steps through which his insight is achieved?

there is to be any negative attitude towards our marriage it is better for you to have it and not me . . . just [you] take a . . . negative attitude . . .' The fantasy is clear: the hypnotist is magically to take over from her the disturbing hostility she has towards the man she has determined to marry; moreover she demands: *'I want you to keep that attitude for at least two years.'* The marriage then is a *'reasonable marital adjustment'* achieved by an unresolved transference to the hypnotist, reinforced by letters and occasional visits. [Ed.]

There is presented evidence that two patients were able through hypnosis to find psychotherapeutic relief from symptoms without conscious exploration of the unconscious sources of their conflicts. They were able to use the hypnotist to overcome their defenses and to do a piece of mental work. From two cases it is not safe to generalize, but it may be noted that in both instances the problem was one of inhibition in a woman who wished to marry and who had some difficulty in overcoming her doubts. Through the treatment both overcame the inhibition and became free to act. Nothing further was necessary to produce the desired result, marriage. Each of these women appears to have been a relatively normally functioning individual who wished only to overcome an intrapsychic obstacle to marriage and who showed a striking rigidity against self-revelation. This last characteristic may have been influenced by their familiarity with this form of therapy.¹⁰ It further suggests that the method may have special usefulness for individuals who find it difficult or impossible to discuss their problems.

The problem presented by some analytic patients through their unwillingness to reveal some things of which they are quite conscious and their inability to become conscious of other things suggests the possibility of further study and experimentation to determine if there is a place for the use of hypnotic suggestion in the course of psychoanalytic therapy. Based upon this study, the thought recommends itself that after a certain time in the analysis of a patient who found it peculiarly difficult to make free associations it might be suggested, with or without hypnosis, that the patient cease trying to talk and devote himself to thinking the matter out in silence.¹¹ It would appear that if this method were used it would require that the patient be given the further suggestion that he might, but certainly would not have to, report what had occurred to

¹⁰ The first subject stated: 'Watching your subjects has impressed me with the way the unconscious can handle problems a person doesn't know he has.'

¹¹ This many analytic patients do at times without instruction from the analyst. [Ed.]

him during this silent thinking.¹² As indicated earlier in these remarks, this solution would not be an entirely new adventure but merely the recognition and utilization of a possibility which certain analytic patients have demonstrated on their own initiative and which these hypnotic patients have carried much further. Hypnosis needs no longer to defend itself against the charge that it is 'nothing but' suggestion. The method of hypnosis described presents a means of accomplishing vastly more in the way of psychic rehabilitation than the method of forcing upon a patient the hypnotist's ideas as to the way in which the patient should solve a conflict. This study of hypnotic psychotherapy points a way to research toward a therapy which may utilize all that has been learned both by the hypnotist and by the psychoanalyst.

¹² Such a device could only be used in exceptional cases. As a rule it would vitiate the whole analytic process. Whenever most patients encountered a resistance they would take this refuge. [Ed.]

ON CHRISTMAS

BY RICHARD STERBA (DETROIT)

In his paper, *Negative Reactions to Christmas*,¹ Jule Eisenbud expresses the opinion that:

'The type of celebration that characterizes a festival has only a formal relationship to the generic meaning of the holiday. While legend and ritual lend the trappings, individuals react according to the peculiarities of their temperaments. Some merely indulge in immoderate eating and drinking; others look forward to unbridling their ordinarily monotonous sexual lives; exhibitionistic persons use a holiday as a pretext for jumping onto the stage; still others, according to their lights.'

He seems to believe that festivals, through their general occasioning of emotion, only release reactions specific to the individual which have little or nothing in common with the historical and archaic motivations of the festival in question. Christmas, for example, is solely characterized by a general relaxation of the demands of the superego. Psychologically, it is 'the season when governments grant amnesties and penal institutions distribute pardons. It is the season when the solid citizen becomes liquid and "the devil is raised". When it is all over repression resumes and the air is disinfected with good resolutions.' He tries to demonstrate with the cases of two women that their lack of pleasure in Christmas is based on the frustration of an infantile wish for a penis, which Santa Claus did not fulfil. He provides no explanation as to why we expect Santa Claus to fulfil these wishes, nor of the essential nature of these wishes, because he does not believe that the normal and pathological reactions experienced at Christmas are specifically determined by the festival itself.

Simple and easily accessible observations, not of patients

¹ This *QUARTERLY*, X, 1941, pp. 639-645.

but of one's own family, friends and acquaintances, as well as the general universal Christmas behavior, present convincing proof that our emotional experience at Christmas is much more determined by the religious and archaic content of the Christmas festival than is recognized by Eisenbud.²

Christmas as a religious festival celebrates the birth of the Christ Child. This is so openly expressed in the words of the gospel read on December 25th in the Christian churches, in the general display of mangers and in all the religious Christmas symbols that there was never any doubt about the legendary religious content of the festival. While most children are fully aware of it, adults usually do not recognize the fact that their own behavior at Christmas is also an acting out of childbirth in the family.

It is astonishing to see in how many details this acting out of childbirth finds expression. First there is a long preparatory period of growing excitement and impatient secret anticipation which corresponds to the period of pregnancy. Everybody is 'expecting'. The typical Christmas rush is filled with the same hasty preparation and excitement which goes on in the family when a woman is in labor. Adults act on the unconscious idea of 'a woman in labor' not only towards children but actually towards each other as if they themselves were both children and grown-ups. Everything is full of secrecy and prohibitions surrounding the preparation of presents for the others, busy first with buying them, then with tenderly wrapping them and finally hiding them. One person tells the other that he is not supposed to enter this or that room where the preparatory work goes on. Persons shout at one another if they enter the forbidden room or look at the prohibited object, exactly as if a birth were taking place and the children were being anxiously kept away from any possibility of observing and finding out about it. In Europe Christmas Eve brings the tension to an end; in this country we usually have to wait

² Cf. Jekels, Ludwig: *The Psychology of the Festival of Christmas*. Int. J. Psa., XVII, 1936, pp. 57-72. [Ed.]

another anxious and excited night to get the final relief in the form of our presents, a consummation which is followed by exhaustion similar to that following childbirth. On Christmas Day friends and relatives visit each other to exhibit their presents and they love to have them admired just as if they were the happy parents of a newborn baby.

The relaxation of the superego which Eisenbud mentions accompanies the joyful reaction to the arrival of a child. On such occasions fathers often get drunk and kings give amnesties to prisoners.

The whole sequence of emotional experiences at Christmas is so striking, and once recognized shows its significance so clearly, that it hardly needs confirmation through further symbolic interpretation. It is not surprising that the presents come down the chimney since fireplace and chimney signify vulva and vagina in the unconscious and the child-present thus comes out of the birth canal. This throws some light on the figure of Santa Claus. He, no doubt, is a father representative and the unconscious knowledge of the fact that the father has something to do with childbirth is indicated in this way. This is similar to the stork fable, where the bird with the long beak brings the child. The Christmas tree may correspond to the beak in the stork fable.³

A five year old boy's remark indicated a less obvious significance of Santa Claus. When this boy noticed his aunt's pregnancy he remarked, 'Aunt Clara gets fat as Santa Claus'. Thus Santa Claus with his fat belly is a pregnant woman and he acts in a most natural way when he drops his presents down the chimney *per viam naturalem*. Parturient animals 'drop' their young. Santa's bag full of presents is another symbol of the pregnant abdomen and corresponds to the doctor's bag in which the child is supposed to arrive. It may be that the fusion of masculine and feminine attributes in one person in the stories which are used to hide the facts of childbirth from

³ Freud in his *History of an Infantile Neurosis*, Coll. Papers, III, p. 514, points out that the high tree often represents observation in dreams.

children, symbolically tell them of the fusion of male and female for procreative purposes, and that we are again unable to lie without revealing the truth.

The acting out of childbirth was originally connected with St. Nicholas. In Belgium and Holland December 6th, St. Nicholas's Day, is much more the day of gifts for children than is Christmas. The presents are brought by St. Nicholas and are dropped through the chimney exactly as in our Christmas customs. It is only in the past two or three hundred years that the acting out was postponed in some countries until Christmas, but St. Nicholas too was shifted along with the celebration and the gifts, so that he reappears as 'Santa Claus', 'Knecht Ruprecht' or 'Weihnachtsmann'.

It is interesting that one of the oldest legends about St. Nicholas is connected with childbirth. It runs as follows:

' . . . three boys, on their journey home from school, take lodging at an inn, or as some versions have it, farmhouse. In the night the treacherous host and hostess murder the boys, cut up their three bodies, and throw the pieces into casks used for salting meat. In the morning St. Nicholas appears and calls the guilty ones to task. They deny guilt, but are convicted when the saint causes the boys, sound of body and limb, to arise from the casks.'⁴

A picture by Lorenzo di Bicci (1373-1452), St. Nicholas and the Murdered Schoolboys, in the Metropolitan Museum of Art, New York, shows the three boys emerging out of three narrow barrels, so that no doubt is left about the birth act through which they come to life. The salted meat out of which they are resurrected seems to refer to the idea of oral conception, to which the sweets and presents of food at Christmas time are also related.

Such an interpretation of the emotions engendered by the

⁴ McKnight, George H.: *St. Nicholas*. New York and London: G. P. Putnam, Knickerbocker Press, 1917.

Christmas festival seems to be a much more accurate picture of the underlying unconscious fantasies than that offered by Eisenbud. At the same time it is more fruitful because it leads to a better understanding of those emotional disturbances of patients which are centered around the complex of feelings, wishes, magical fulfilments or frustrations of childbirth. Future Christmas periods may yield more material for an extensive report on the pathological reactions arising therefrom.

THE FUTURE OF PSYCHOANALYSIS AND RELIGION

BY FRANKLIN DAY (NEW YORK)

In his recent *Mind, Medicine, and Man*, Dr. Gregory Zilboorg brings all the resources of his brilliant mind and his great store of learning to the defense of Freud against those who have, wilfully or not, misread or misunderstood him. Only in the last chapter, entitled *Psyche, Soul, and Religion*, does his defense weaken, turning in fact into a criticism of Freud. The author asserts that Freud, when he discussed religion, abandoned the field of objective science and departed into the realm of value-judgments. In addition Dr. Zilboorg suggests a reconciliation between psychoanalysis and the theologians of the Church of Rome. To this writer it appears that the charge against Freud is ill founded and that the reconciliation is impossible.

Freud, Dr. Zilboorg's argument runs, the last of the great humanists, looked upon life and the world from the point of view of the individual only. Finding the individual fettered by the demands of civilization, he pitied him as he pitied all the unfree, and deprecated the fact that religion, the most restrictive of the aspects of civilization, needlessly added to the difficulties which opposed man's development into a free individual. Dr. Zilboorg thinks that in so doing Freud committed an error in method, because he evaluated both science and religion by the one standard of reason, which, as scientific and religious knowledge have no common denominator, is impossible.

What Freud pointed out in *The Future of an Illusion* was that religious knowledge was not knowledge properly speaking, that it was vouchsafed only to the few, that it depended on revelation rather than investigation, and that, not being a one-to-one correspondence of our ideas with reality, it was not verifiable. Only those who experience the religious emo-

tion can know it, while whoever wishes to take the trouble can investigate and determine for himself the truths of science which are open to all.¹

Freud discussed religion not as a theologian, nor as a philosopher, but as a psychologist; indeed, he came late to the reading of those philosophers like Schopenhauer and Nietzsche who had intuitively adumbrated his discoveries, because he did not wish to blunt the fine edge of his mind by preconceptions which might have affected his objectivity. He found that man is fundamentally irrational and that a creature whose instincts are only too likely to be uncurbed by the rational is, to his great harm, also subjected from early childhood to the overpowering influence of a complete set of irrational tenets. To Freud the humanist, the fact that religion decried the value of human life was shocking. Moreover, he found that man, already engaged in his relentless struggle with nature and only too prone to bask in the magic of infantile wish fulfilment, was encouraged by religion not to find his freedom here and now, but to hope for an infantile paradise after his inevitable dissolution.

It was unavoidable that Freud should consider religious knowledge to be of the nature of the 'false knowledge' of the neurotic, not because of any innate prejudice against religion, but because he based his conclusions on what Dr. Zilboorg defines as 'that body of facts and working hypotheses that we have in mind when we use the term psychoanalysis'. Hopeful for man in spite of his hard fate, Freud believed that a more rational view of life would conduce to a more effective civilization than would the adherence to religion, because such a view would be based upon maturity rather than upon childishness and would more effectively substitute love for the destructive impulses of man. He had found that it was possible for an individual, once he had been helped to cast off his infantile fantasies and desires together with the primacy of his instincts, to grow into maturity, and he did no more than suggest that

¹ Freud: *The Future of an Illusion*. New York: Horace Liveright, 1928, pp. 44-48.

the abandonment of a cultural neurosis might be most effective in aiding man in his struggle with nature. And, in so far as religion appeals to the primitive psyche, it is not possible to avoid these conclusions of Freud, however painful.

It is in this sense, and in this sense only, that a value-judgment is implied in *The Future of an Illusion*. Religion is a flight from anxiety into the unknown and unknowable, and Dr. Zilboorg himself has stated on another occasion what the consequences of such flight are, when he said:

'As long as man would rather flee than study this anxiety, as long as he would rather submit to it in some form instead of attempting to understand it, man is bound to prefer to be anchored in those speculative truths for which Adler has such profound respect. This psychological weakness of man (by no means inevitable, no matter how imperative) may not claim the attribute of virtue on account of its universality.'²

This is an echo of Freud's thesis that religion might some day be overcome as a need, when man has been taught to deal with his anxieties on a more mature basis.³ Wherever value-judgment is involved in Freud's view of religion, it is not that of a more or less supercilious morality dealing with questions of right or wrong, but it is based upon the biological test of what is best suited to fit man for survival. The psychoanalyst is no more free morally to condemn his patient than is the surgeon, but it is the duty of both to persuade their patients to be cured of their ailments and not merely to accept them. There seems to be no reason for accusing Freud of having stepped out of his rôle as an objective scientist (and he assumed no other), when he pointed out that religion was not an aid but a hindrance to man's most effective functioning in this world. To limit the medical psychologist to the mere observation and statement of facts is to deprive him not only of all usefulness but of his very reason for existing.

Dr. Zilboorg notes with somewhat pained surprise that Freud

² *'What Man Has Made of Man'*. This *QUARTERLY*, VII, 1938, p. 397.

³ Freud: *Op. cit.*, p. 85.

chose religion and not the capitalist system to which to apply his knowledge, and that Freud accepted that particular form of infantile satisfaction which is represented by the arts. As to the former, Freud specifically stated that inquiries into any field of cultural activity would be welcome,⁴ but that he himself lacked the time and the means for them; as to the latter, it is not difficult to see why Freud did not consider the arts as a serious form of cultural neurosis. In contradistinction to religion, they do not dominate the life of the many from the cradle to the grave, nor are they concerned with ethical demands. They have never attempted to persuade others to their truths by the rack or the stake, nor have they arrogated to themselves the right to damn man forever. They heighten rather than impair the sense of life and, if they represent an infantile satisfaction, it is one which tends to free rather than to shackle man.

In the second part of the chapter in question, Dr. Zilboorg discusses the relation of psychoanalysis to that particular form of religion which is represented by the Catholic Church and its dogmatic theologians. The Church, he states, is not absolutely intolerant. If Boniface VIII forbade the teaching of anatomy, it was only 'because the Church reflects the scientific and cultural struggle of any epoch'; at that time wise and good men outside the hierarchy also objected to such studies. Once the struggle is over, the Church accepts the findings of science much as it accepted the Copernican system. By the influence of his *Summa Theologica*, Thomas Aquinas made possible the acceptance of Aristotelian philosophy as well as of Arabic science, upon the principle that man possessed two kinds of knowledge: one, reason, from which science springs, and the other, faith, on which theology is founded. Dr. Zilboorg hopes that some day a man as judicious and as strong in the faith as Thomas Aquinas may examine the findings of such unbelievers as Freud and his followers, in order to determine what is truly scientific in their work and what is not and therefore does not, as it can not, encroach upon the

⁴ Freud: *Op. cit.*, pp. 59-60.

field of theology. There is in effect nothing in the *Summa* which needs to be unacceptable to a freudian. For example: Aquinas's 'sensuality' is nothing but the pleasure-charged 'drives' of psychoanalysis, and the *Summa* (and this proves its modernity) includes gluttony among its manifestations. Similarly, Catholic dogmatic theology as represented by Aquinas agrees with psychoanalysis that 'by the fusion into the love of others of all infantile drives into one genital constellation even the purely erotic aspects of love are no longer dominated by sensual elements'. There should be no difficulty in reconciling the conflict at present existing between psychoanalysis and the Roman Church, for both believe the same thing and differ only in the terms in which their belief is couched.

The eventual tolerance of the Church is a fact, but it has not extended to discoveries which affect the moral nature of man, and it has come so late in other matters as to be the best example of that cultural lag which is the great retarding influence exercised by the Catholic Church through its vast power over its followers. The Church cannot accept, unless it be in the relatively innocent field of astronomy and mathematics, much that is true in the scientific sense of the word, and particularly the truths of analytic psychology, without first abandoning many of its essential tenets.

Some agreement might be reached on the verbalistic and conceptual level of philosophic discussion, especially if either side were ready to abandon its terminology in favor of that of the other, thereby admitting that what both had to say was nothing much more than words. Unfortunately, the Catholic Church is something more than a debating society for the discussion of philosophic questions. It considers itself the keeper of the Word, the guardian of the Truth, and the successor of the Son of God. Its dogmatic theology and its philosophy are but the rationalizations of beliefs into the truth or falsity of which it permits no inquiry which does not have their acceptance as a foregone conclusion. The beliefs, moreover, are revealed but to the very few, and are delivered to the

faithful by an infallible Pope *ex cathedra*. The Church cannot accept psychoanalysis merely as a method of healing the sick without accepting the whole body of facts upon which that method is based. It does not seem likely that a Council of the Church would swallow the analytic demonstration that the Mass is but the survival of a totemistic feast, or that transubstantiation is no less a magic process than any other primitive rite. It is as difficult to believe that the Church would or could abandon its traditionally narrow view of sex, its prohibition to its priests of all kinds of sexual activity, and its high respect for the cloistered life, in favor of the discoveries of psychoanalysis. Disregarding the fact that one of the things which differentiates man from the lower animals is his ability to enjoy sexual intercourse as a common experience of love, the Church still insists upon prohibiting every interference with conception.

The catalogue of such incompatibilities between the Church and psychoanalysis could be extended far beyond the limits of an article; it might include the magic practice of votive offerings, and that arithmetic peculiar to the Church which calculates to a nicety of days and hours the benefits to be derived in the way of relief from purgatory by the saying of certain prayers and membership in certain sodalities. When Dr. Zilboorg accuses Freud of having laid too much stress on the ritualistic and institutional aspects of religion and suggests that 'he confused the ideational content of religion with its ritualistic expression, its psychological elements with its institutional aspects', he forgets that a living religion is dependent on ritual and prayer, and that a vague ethical system tinged with a mild Deism is doomed to ineffectiveness. It has recently been said that the Unitarian Church, once powerful in this country, has lost its influence as a Christian Church because the name of Jesus is never spoken in it except when the janitor falls downstairs. As for the institutional aspects, any agreement will have to be made with the Church as an institution for, historically as well as now, it considers itself as *the* institution above all others.

On one point, were he to plead the cause of psychoanalysis before a council, Dr. Zilboorg would have no difficulties in reaching an agreement, for he believes that a 'soul' exists as the final term of the series, body—psychic apparatus—soul. Here he would seem to abandon the solid ground of scientific and verifiable fact for that region in which are found the scintillating, if elusive, will o' the wisps of conceptual thinking. If Freud carefully refrained from employing the word 'soul' and substituted 'psyche' for it, he did so because as a scientist he did not wish to use words which were already charged with innumerable emotional connotations. It was in much the same way that he coined the word 'superego' for what is popularly called 'conscience'. The soul as an entity beyond the psychic apparatus is not a scientific fact but a philosophic concept. Its attributes, when they are not those of the psychic apparatus, are not discoverable by anything but the individual consciousness of a very few, and those attributes which religion stresses particularly are certainly unverifiable. One of these, immortality, has so far escaped every scientist in spite of rigid inquiry, and all we know is that life ends with the dissolution of the body and with it of the psychic apparatus. It may be true that, as Dr. Zilboorg says, 'this schematic presentation would seem in no way to impair even the strictest Thomistic traditions', but the business of psychoanalysis, which is a scientific discipline and not a philosophy, is not the attempt to reconcile the irreconcilable.

What is more astonishing than Dr. Zilboorg's belief that a reconciliation might be brought about is the fact that on at least two previous occasions, in his review of Mortimer Adler's *What Man Has Made of Man* and again in his more recent *Psychology and Culture*, he has already demonstrated with his usual brilliance and profundity of learning that an agreement such as he now proposes is impossible. In the former article Dr. Zilboorg stated, 'Thus psychoanalysis must be attacked by Aristotelian and Platonist alike, for the attack

against psychoanalysis is man's attack against . . . the rising tide of his own anxiety'.⁵

In his *Psychology and Culture*, Dr. Zilboorg has further stated:

'Psychoanalysis, in the face of this orientation, can do only what any science can and has done in the past. It can only persevere in its own scientific endeavors. It cannot argue or fight; it can only study and attempt to understand. It is very doubtful whether this deep regression into the thirteenth century in modern dress, appearing as it does on a large scale of social thought, could be retrieved or otherwise "cured" by mere rationalistic argumentation, for faith and scientific fact in matters psychological can never meet. Fortunately, there are few neo-Thomists among psychoanalysts, and neo-Thomism, the child of the present day cultural crisis, may be considered but one of the many "dangers from without" with which psychoanalysis has never lost familiarity since it embarked upon its scientific work. For some time to come psychology will have to continue to strive for its liberation from the domain which has always seemed to absorb it, from abstract philosophy.'⁶

Yet, in the chapter under discussion, Dr. Zilboorg not only proposes a reconciliation between theology and science, but suggests that the examination of the scientific truth of psychoanalysis be entrusted to someone of strong faith, in the Catholic sense of the word, as arbiter. How long would such a person be permitted to be a member of a church which permits not even the slightest deviation from its tenets? His objectivity would certainly be affected by his awareness of what was the fate of Doellinger and the Modernists, whose deviation from established dogma was certainly smaller than would be the acceptance of psychoanalysis and its implications.

Freud foresaw the unfortunate effect which his *Future of an Illusion* might have upon the general public, as well as

⁵ Zilboorg, Gregory: *'What Man Has Made of Man'*. *Loc. cit.*, p. 396.

⁶ Zilboorg, Gregory: *Psychology and Culture*. This *QUARTERLY*, XI, 1942, pp. 7-8.

its repercussions upon the psychoanalytic movement. He dismissed it in saying, 'Psychoanalysis has braved many storms and it must face this new one also'.⁷ During his long life he had known opposition and persecution as well as the more deadly weapon of the conspiracy of silence. He faced the evil he knew with an indomitable courage born of his knowledge of why men cannot accept the truth. Fate, which even psychoanalysis cannot change, Freud accepted with stoic courage; this, as much as his work, is the most precious legacy he left to his followers.

To be sure, the last years with their tragic events, full of insecurity and perhaps only the beginning of worse, impose a heavy burden upon men. But they are not a reason for flight from their anxieties into irrational infantile satisfactions. Whatever slim hopes there may be for a better world after this holocaust must find their justification in the fact that man has slowly and painfully become more rational than he was, however little that may be. The ills of man and his world will not be cured by an abandonment of freedom of thought and of inquiry in favor of an impossible reconciliation between scientific thought and the dogmatic shackles of postulates needing no verification and no proof, which are the essence of Thomism either in its old or in its new form.

⁷ Freud: *The Future of an Illusion*. *Loc. cit.*, p. 64.

A RESPONSE

BY GREGORY ZILBOORG (NEW YORK)

Mr. Franklin Day has honored me with the above extensive comment on the last chapter of my *Mind, Medicine, and Man*. It is good to read his earnest considerations, because when people discuss politics or religion they usually become emotional and carping; Mr. Day avoided this pitfall to a great extent, and one feels grateful. His words therefore doubly deserve serious consideration.

Mr. Day raises objections to my objections to Freud by way of predicting the future of psychoanalysis and religion; he makes a serious attempt to show that psychoanalysis and religion reached the parting of their ways at the very outset, and that they will never meet again—as friends, at any rate. Such a pronouncement is so definite and apparently so irrevocable that one cannot pass it by without notice merely as another opinion. It strikes very deeply into certain human problems, so deeply that whatever errors there might be must be corrected with utmost efficiency and dispatch, lest many more errors be committed and hopeless confusion ensue.

We all know, of course, that man cherishes nothing more passionately than his errors. But the removal of an error does something more than clear a little the arduous road toward truth; it does away with a great deal of irrational passion and intolerance. Were I to accept Mr. Day's argument, I would have to accept his views and admit to being in error. This I would gladly do—if I were convinced. I have read Mr. Day's statement carefully, I have endeavored to be as judicious and earnest about his opinion and argument as he is about mine—and I have failed to be convinced. I shall, therefore, restate my views by way of response to Mr. Day's critique. Perhaps in doing so I may successfully meet his objections, or else become enlightened as to my own error, which I would then gladly acknowledge.

Mr. Day is right when he says that I suggest 'a reconciliation between psychoanalysis and the theologians of the Church of Rome', but he is only partly right. Strictly speaking, I did not address myself to psychoanalysis and did not enjoin it to reconcile itself with any theologians of any faith. Psychoanalysis as a science brings forward certain facts and studies them; it should and will continue to do so. I would not urge psychoanalysis to reconcile itself with theology, any more than I would urge physics or astronomy to do so. I am sure Mr. Day did not wish to impute to me such an unenlightened and reactionary appeal; if he did, he is in error and can easily see his error by perusing again the pages of *Mind*, *Medicine*, and *Man* dealing with *Psyche*, *Soul*, and *Religion*. What I did attempt to do was to demonstrate to serious and devout theological thinkers that, Freud's personal hostility to religion notwithstanding, there is nothing in the structure and the dynamics of the psychic apparatus as described by Freud that a true believer and religious thinker cannot accept.

Mr. Day is therefore in error when he says that in the chapter on religion my defense of Freud weakens, 'turning in fact into criticism of Freud'. As a matter of fact, my defense of psychoanalysis is strongest in this chapter because I tried, and I hoped successfully, to demonstrate that the strictest adherent to Catholic theology and to the philosophy of St. Thomas can and ought to accept the principles of psychoanalytic theory and practice, and that in accepting these he would not have to violate his theology or do any injury to his faith. In other words, I continue in this chapter to defend psychoanalysis against the misunderstanding of theologians, whose prejudices vitiate the clarity of their vision as far as the scientific facts brought forth by psychoanalysis are concerned. The history of science and the history of the Church are replete with illustrations of how theology sooner or later accepts new facts, when it learns to study them without prejudice and fear lest the knowledge of new scientific facts undermine the faith.

In short, I defended the scientific body of facts known as psychoanalysis against misinterpretation by one-sided theo-

logians. I did this because I believe I am right, and because I also believe that decrying religion or rejecting its tenets is as futile and unscientific when psychoanalysts do it as when physicists and chemists do it. It is as futile to call religious facts 'false knowledge' as it is to consider the discovery of a new planet or of the psychic apparatus godless. It is a great pity that Mr. Day repeats the usual fantasy that forthcoming human maturity and the kingdom of reason and 'a more rational view of life would conduce to a more effective civilization than would religion, because it would be based upon maturity rather than on childishness and would more effectively substitute love for the destructive impulses of man'. It is a pity, because Mr. Day here commits the agelong error which is the belief that mature, clear reason leads to love and reduces hatred.

Reason by itself, without the *values* which we designate as love, can never be *good* no matter how correct it may be. No one knows better than the psychoanalyst how much of the infantile there is in healthy love, in 'healthy' culture, even in our aspirations to learning—about cooking as well as about mathematics. It is a part of our perennial childishness, of our infantile narcissism, to overestimate the greatness of the intellect and to assume that our reason, once it achieves a fantasied and nonexistent freedom, would gain control even over such powerful affects as love and hate, and settle the dispute in favor of love. Thus far psychoanalysis has never found this to be so. That is why psychoanalysis insists that purely intellectual understanding does not suffice, and that *emotional* understanding is a *sine qua non*. Leave out this direct, immediate emotional understanding—and art, music, even philosophy would disappear. Perhaps the one who idealizes reason would not mind the disappearance of these human activities, but the fact of the matter is that there is little doubt that these fascinating and inalterable vital ingredients of human functioning have always been with us, that they have increased in potency with the growth of civilization, and that they are

all fundamentally infantile and magic in nature and narcissistic in substance.

Mr. Day is good enough to remind me of my own statements, and he does it quite pertinently. He cites a few sentences from my essay on 'What Man Has Made of Man', in which I take issue with the Mortimer Adler variety of neo-Thomism and his objections to psychoanalysis. I still subscribe to these lines, and I find that I did not change my position in my chapter, *Psyche, Soul, and Religion*. This does appear puzzling to Mr. Day, and I dare say to a number of my psychoanalytic colleagues as well, but the reason for this puzzlement is not far to seek. In 'What Man Has Made of Man' I objected to the neo-Thomistic position which rejects psychoanalysis; in *Psyche, Soul, and Religion* I attempted to demonstrate that true Thomism would not find itself in conflict with the topography and dynamics of the psychic apparatus as discovered by psychoanalysis, provided Freud's personal views and emotions about religion are not taken as a dogmatic part of the theory and practice of psychoanalysis. This is the point at issue and the only point.

It is interesting in this connection to note that Mr. Day apparently finds no fault with my criticism of Freud's inferential theory of social phenomena. Freud's psychosocial parallelism, his parallelism between individual neurotic behavior and social, allegedly neurotic, phenomena is untenable on empirical and methodological grounds, and if one sees clearly wherein Freud erred in this respect, one would not accept Freud's postulate that there exist cultural neuroses and that religion is one of them.

Mr. Day apparently accepts the rather popular but scientifically unjustifiable theory of 'social neuroses', and he therefore does me an injustice when he accuses me of something I have not really done. I did not deny Freud the right to assume the attitude toward religion which he did. I merely pointed out that in analyzing the psychological dynamics of religion Freud, by way of his erroneous, individual-social parallelism, drifted into measuring and evaluating religious

belief by scientific methods of reasoning; that is to say, he overlooked the fact that religion and even ethical values are not measurable by scientifically weighing their psychological components. Were we to do so consistently, then such things as saluting the flag, standing up when we sing or hear sung the national anthem, kissing when we love, and taking off our hat out of respect to a person or a gathering, should be condemned as irrational, infantile, passive, homosexual, and oral neurotic bits of behavior—for no one would deny that these conventions and activities are made up of the above-mentioned infantile components, which have become ritualized.

I am afraid also that it is a little premature for any of us to discuss this particular subject in much greater detail, because this discussion would involve such problems as the philosophy of values and epistemology, problems which psychoanalysis alone cannot solve satisfactorily. We shall have to wait until science has progressed a little further, until it can lend us a helping hand in this respect. Modern physics, for instance, has been gradually moving in the direction of throwing considerable light on such problems as determinism. The direction of the thought of such scholars and scientists as Sir James Jeans is very enlightening, but it is still too early for us, psychoanalysts, to say that we really are properly oriented. There is still too much confusion and naïveté in our thoughts on the various aspects of these fundamental problems.

Is it not naïve to believe that the truths of science are open to anyone who is willing 'to investigate and determine for himself the truths of science which are open to all'? Is it not more true that the unconscious plays as great a rôle in science as it does in any field of human endeavor? We do accept readily a new truth if it is 'innocent' like a bit of astronomy or mathematics; but the whole history of psychoanalysis, sociology, and economics demonstrates that the paths of science are not so easy and simple as Mr. Day would wish to believe.

Mr. Day's recitation of the various objections to the Catholic

Church as it stands today is really not very pertinent. His 'catalogue of incompatibilities' has really nothing to do with the problem, because in approaching a social and particularly a religious phenomenon a modern psychologist must bear in mind that it is a phenomenon that *must* serve some special function in human life. It is the psychosociological function of religion that matters and not its structure, no matter how refractory that structure may appear to us and no matter how steeped in unquestioning tradition it may be. For instance, I am not prepared to follow Mr. Day and to consider the Church's opposition to contraception as an injury to man. Contraception and the principle of reducing the number of children are direct results of the economic aspects of our culture. The fundamental psychological principle underlying human sexual love when it is mature and healthy is an object-libidinous one and expresses the desire, the need, the craving for parenthood. This is according to Freud. That this very same principle is expressed by the prohibition of the use of contraceptives on the part of religion is quite correct from the psychological point of view. That religion has elevated this psychological truth to the level of a moral demand is as it should be—in religion. That humanity as a rule objects to and does not comply with this demand does not in any way violate the validity of the underlying principle. The fact that a body once in motion does not actually follow the principle of never stopping hardly invalidates the law of inertia; that law remains inviolate regardless of the host of things which appear to interfere with it.

Mr. Day's reference to the infallibility of the Pope is more traditional than correct. I am reminded in this respect of an anecdote about Cardinal Gibbons, the late Archbishop of Baltimore, who was a serene and clearminded, benevolent and keen personality. It is said that he was once chided by a non-Catholic friend and asked whether he, the Cardinal, really believed that the Pope was infallible. 'Well', answered the Cardinal, 'once when I was in Rome, the Holy Father received me in audience and he called me Cardinal *Giboon*.' The

principle of the infallibility of the Pope is the same as, or is similar to, the principle of the inviolability—or infallibility, if you wish—of a monarch. It has nothing to do with the problem under discussion.

I wonder whether the opposition to religion is not based on a series of emotions of a profound and I am afraid rather narcissistic nature. After all, if a scientist is to limit himself to what is tangibly demonstrable and tangibly knowable, and leave the rest to what is commonly called philosophy, the question again arises: Why the harsh opposition to that which is as yet unknown and not understood? Are we not as wrong in our harshness against certain philosophic concepts to which science has no answer, as are those who reject science in the face of fact merely because they are afraid that their philosophy might suffer?

Mr. Day—and not only he, of course—seems to be afraid of religion, as religion is afraid of psychoanalysis. What I have tried to say as simply as I am able to is that Mr. Day is wrong, and that the anxious religious standpatter is also wrong. Mr. Day continues to misunderstand me when he again cites my 'What Man Has Made of Man' and my *Psychology and Culture*. Yes, in those essays I pointed out how the anxieties of the Aristotelians, Platonists, and culturalists drive them to reject psychoanalysis. In the chapter of my book which engaged Mr. Day's critical interests, I endeavored to show why they need not be afraid of psychoanalysis. I failed, however, to add another chapter in which I might have endeavored to demonstrate how certain residual anxieties make psychoanalysts afraid of religion, and how they try to dispose of the problem merely by combining conceptual thinking with epistemological errors in order to rationalize their harsh opposition to religion. Instead of opposing religion, instead of rejecting it as unscientific or as a cultural neurosis (the use of the latter term is hardly more than a polite pseudoscientific namecalling), I believe we shall understand it better and view it probably with greater sympathy, if we concentrate our attention on the study

of its psychocultural function as one of man's fundamental ways of living and of meeting life.

Mr. Day failed to understand this, my purpose, and he has the consolation that he is not alone in this. For my part, while disconsolate in my somewhat isolated position, I look forward to the day when truth will emerge, and we certainly will never attain the truth merely by denials and repetitions without true emotional understanding. Certain emotions do, of course, darken our reason, but others enlighten it. No other scientific discipline has demonstrated this better than psychoanalysis. Reason alone has never attained truth, but it has obscured it not infrequently.

BOOK REVIEWS

SURVEY OF OBJECTIVE STUDIES OF PSYCHOANALYTIC CONCEPTS. By Robert R. Sears. New York: Social Science Research Council, 1943. 156 pp.

Since the inception of psychoanalysis, a great many analysts have been intensely interested in checking their findings and the usefulness of their concepts by other scientific methods. In the last few years an ever increasing number of nonanalytical psychologists have dealt with the same problem and a great variety of psychological approaches have been utilized. Some of this has been merely translation work based on the desire of various psychological schools to express, in their own language, whatever they consider acceptable in the findings of analysis. It is also obvious that all of the facets of psychoanalytic theory are not equally amenable to investigation by, for instance, experimental methods. Nevertheless, from the point of view of analysis we consider this tendency, if executed in an objective way, a most fortunate one. It also seems desirable to give this trend in modern psychology the place it actually deserves in the teaching program of psychoanalytic institutes.

Sears' book is extremely valuable in that it gives a clear and objective account of some of the research done in this field by psychologists during the last few years. Sears himself is the author of a few of the most interesting contributions which he discusses. He feels that 'all the work . . . serves to emphasize the increasing significance attached to psychoanalysis, by nonanalysts, as a guide to the planning of research on personality'.

The first part of the book deals mostly with Freud's findings and hypotheses on sexual development and sexual distortions. The papers he quotes (which are partly in agreement and partly in disagreement with analysis), and the way he discusses them, should be read by every analyst interested in the validity of the basic theories of his science. It has to be said, however, that the methods of quite a few of the studies discussed are inadequate to the subjects they treat. In these instances the analyst would err in accepting their contentions and conclusions as a kind of a super-ordinate judgment, superior to his own clinical experience.

Sears thinks that emotional development, considered from the standpoint of object choice, is far more variable than Freud supposed. Here, probably, the difference of approach has led to a misunderstanding. All the manifold types of object choices of which Sears speaks (and many others) are very well known to analysts. However, the mere description of object relations is one thing, while Freud's attempt to emphasize the central elements, a knowledge of which makes possible an explanation of the person's behavior, is another.

Some criticism is expressed concerning Freud's concepts of the œdipus and the castration complexes, criticism which is based less on the type of research referred to throughout the book and more on that point of view called 'culturalism'. Sears does not refer at this point to Freud's *Inhibitions, Symptoms and Anxiety* in which Freud clearly formulated what he actually considers to be biological in the development of human personality.

As a positive contribution to analytic thinking, the second part of Sears' book seems even more interesting than the first. It discusses mechanisms like fixation, regression, repression, projection, etc. While the degree to which their validity is investigated by the methods referred to is comparatively small, the contribution by these methods to a clarification of analytic concepts is nevertheless considerable.

Sears' conclusion that psychoanalysis is, by the criteria of physical sciences, not a 'good' science is no doubt true. At any rate he is ready to acknowledge that it deals with many things other sciences had ignored. I should like to add that for many important problems of psychology it is the best method available at present and that the verification by other methods of so many heretofore disbelieved analytical findings should lead to a higher evaluation of analysis itself as a scientific *method*.

HEINZ HARTMANN (NEW YORK)

THE THERAPY OF THE NEUROSES AND PSYCHOSES. A Socio-Psychobiologic Analysis and Resynthesis. By Samuel Henry Kraines, M.D. Philadelphia: Lea & Febiger, 1941. 512 pp.

In the preface, the author states that 'the second step in the science of psychiatry was made when Sigmund Freud brought forth in organized fashion the unconscious and the dynamic activity of

human thought and emotions'. All psychiatry today has been influenced by his dynamic concept. The author goes on to state that he has 'made an attempt to separate the chaff from the wheat', and 'to give as much of the school of psychoanalysis as is of logical and practical value'.

The book has the limitations of those who refuse to integrate into their clinical approach the fundamental concepts of the dynamic psychology of the unconscious, or are incapable of doing so. The text and the case studies are lacking in 'the basic concepts of the unconscious in disease', and it is difficult to comprehend how with these limitations the author can pretend to pass judgment upon what he considers to be 'the extremely fanciful superstructure of psychoanalysis'. His concept of the 'basic concepts of the unconscious' is not clear. He states that 'certain underlying attitudes, because of irritations which have existed since early childhood may continue to exist . . . these irritations are spoken of as being unconscious. Yet these unconscious memories may be elicited by conscious discussion with the patient as well as by other techniques.'

The sociopsychobiological resynthesis, impelled by the author's resistance to the unconscious, resolves itself essentially into 'removing the stress', 'removing the patient from stress' and 'common sense advice on how to deal with stress'. Changes in personality are to be brought about by persistent conscious effort, etc.

The interpretation of a classical sexual dream is illustrative of what occurs when a thorough understanding of the unconscious has been displaced by lip service. A female patient's manifest abhorrence of sexuality is entirely overlooked, and the interpretation of the dream is limited to the patient's dislike of her suitor *due to other nonsexual reasons* and as proof of this the author states five years have passed and she has not yet married this suitor. Why this patient had not married at all in this interim apparently was of no significance whatsoever. The author fails to understand that the basic conflicts of the neurosis are not resolved until such a patient's obvious fears of sexuality are thoroughly ventilated and made conscious.

Bereft of the basic psychoanalytic fundamentals the author's therapeutic technique becomes a matter of urging the patient 'to think consciously according to suggestions given . . . understanding liabilities and assets, facing difficulties; what others think, . . .

The physician by his sympathetic manner and understanding offers the patient something to rely on', etc. These are all excellent psychotherapeutic adjuncts, when they are superimposed upon a sound basic concept of psychoanalysis. The book with some modifications in terminology is essentially based upon the Meyerian psychobiology and it presents the basic weakness of that concept—the lack of an adequate understanding of the unconscious.

For the student the book will serve as a guide to the Meyerian psychology. The general practitioner will find many of the therapeutic approaches he uses constantly given new names.

It is a pity the author could not infuse into the rest of his text the essence of the excellent summary of Healy and Bronner's book on Psychoanalysis which is condensed into the last chapter. Had this been possible he might have come nearer his goal 'of separating the wheat from the chaff'.

ARNOLD EISENDORFER (NEW YORK)

SHOCK TREATMENT IN PSYCHIATRY: A MANUAL. By Lucie Jessner, M.D., and V. Gerard Ryan, M.D. New York: Grune and Stratton, Inc., 1941. 149 pp.

The authors state the purpose of the book as follows: 'This monograph is not a compendium nor does it purport to be a complete treatise on "shock therapy". It has been designed to meet the need for a brief, practical review of a subject which is of more than passing interest.' The authors have achieved their purpose admirably, presenting in a simplified, well-written and interesting manner the three principal methods of shock therapy: insulin-produced hypoglycemia, metrazol convulsions, and electric shock convulsions. They describe the technique and procedure of each method, the reactions of the patient during the treatment, the complications that are encountered, and their evaluation of the results.

The authors repeatedly emphasize the importance of the psychosomatic way of thinking and the urgent need to maintain a psychotherapeutic attitude throughout the treatment. They believe that an important factor in the degree of success attained with this method is the ability of the therapist to utilize the increased accessibility in the psychotic patient following the shock treatments. Their tendency is toward a greater understanding of the patient and away from the painful and frightening aspects of the method.

The authors, as well as Dr. Harry C. Solomon in his brief introduction, seem disposed to apologize for using so drastic and 'none-too-pretty' a method of altering human behavior. 'Nonetheless, it is here and is likely to remain with us until better methods are found.'

Most readers will find this to be an interesting and readable book, regardless of whether they greet the era of shock treatment with cheer or whether they consider it an unfortunate development that postpones man's ultimate success in his psychological conquest of the psychoses.

GEORGE S. GOLDMAN (NEW YORK)

EMOTION IN MAN AND ANIMAL. By Paul Thomas Young. New York: John Wiley & Sons, Inc., 1943. 422 pp.

This is a textbook intended for students who have had an introductory course in psychology. It is based on the literature of academic psychology and also on related physiological research, such as that of Cannon and Bard. It digests this very extensive literature and reviews simply and clearly many of the theories of emotion. The author proceeds upon the definition of emotion as a disruption or disorganization of the individual. In other words, when he speaks of emotion he has in mind acute emotional states of sufficient intensity to interfere with normal integrated functioning. The obvious difficulties in this view are resolved to some extent, but not fully, by the concepts of attitude and motivation.

The book is a relatively thorough and well-balanced review of the literature of academic psychology, rather than a presentation of the vital emotional life of man. It may be pedagogically justifiable to limit the presentation to such contributions, but it detracts from the grasp of the subject to omit all reference to the literature of dynamic psychiatry, psychoanalytic or otherwise. Psychiatry has developed so far that several of the academic discussions in the book sound quite outmoded. No matter how scientific the comparison of theories, the cardinal and central point of the scientific method is the observation of the phenomenon to be studied. The meaning and essence of human emotion and its significance in human life can only be grasped by coming to grips with it at first hand, by intensive, continued observation of human beings as they

live, feel and act. Psychiatry has had the advantage of such study and any book which omits its contributions is very apt to be academic and removed from the reality of the subject. As a review and presentation thus limited, the book is conscientious, clear, and readable, and brings organization to the extensive literature but it will not interest the dynamically trained clinical psychiatrist unless he is especially concerned with a review of the academic psychological thinking in this field.

LEON J. SAUL (GLENWOOD SPRINGS, COLORADO)

THE PSYCHOLOGY OF ARISTOTLE. AN ANALYSIS OF THE LIVING BEING.

By Clarence Shute. New York: Columbia University Press, 1941. 148 pp.

For Aristotle the heart was the meeting place of all sensations. The brain, being cold, merely served as an organ which condensed the rising hot vapors to a cooling dew which refreshed the heart.

One would think that a psychology based on such fundamental errors could not be of more than historical interest. But when one reads this skilfully written and concise book one is astounded by the greatness of that mind, and one wonders how error and wisdom can live under the same roof. Does Aristotle appear to us to be so great because two thousand years ago he had views and an approach akin to modern psychobiological thinking; or because we have not grown up much since, and are still as small as Aristotle in the face of the towering mystery of life? And are not many of our modern concepts just as fantastic as the vapors?

The author tries rather successfully 'to avoid questions which are non-Aristotelian in nature and focus attention on what is most germane to Aristotle's interpretation in living'. The striving to find in Aristotle's psychology close parallels to contemporary approaches leads to interpretations which are debatable. In his interpretation of reason (*νοῦς*), the higher 'part of the human soul', the author tries to show that Aristotle did not believe in an intrinsic immortal soul as distinguished from the body: 'In its true nature it [*νοῦς*] is separated, deathless, eternal. But we have seen that when this mind is operating, it is identical with its object—it is thus not a purely personal, individual matter, but is the intelligible order of the world in which the man as a whole participates while he is a "living being".' This would mean a projection of an

immortal soul onto the 'world' as its 'order' in which the living being participates just as it participates in the material substance of the world. This looks like prestidigitation. Is the order of the world its eternal soul? The ticklish question of how to interpret Aristotle's immortal reasoning soul and his clearly expressed view that the individual himself can not survive as individual, can not be solved by trying to find out what he really meant because he probably would not have known himself. He would have said, perhaps, that what is immortal is merely formally, but not substantially, identical with the individual but would also have admitted that this answer is without imaginable content. I believe that Aristotle, despite the great independence of his mind, accepted Plato's division of soul into rational and irrational as a welcome answer to questions which he could not answer, but relegated to the realm of formality where it was less in the way of his search for facts and concrete knowledge.

After more than two thousand years, the problem of the formative principle raises such unwelcome questions as: 'Why is it that four cells of an embryo, remaining united, develop into one individual and, divided into two groups, result in two individuals? Why is it that (in early stages) tissue transplanted from one part of the embryo to another will develop into a different part from what it would otherwise?' (p. 17). But with increasing knowledge of detailed facts the formal answers to problems become fewer, the concrete factual answers more abundant. We still do not know, for example, the ultimate cause of vision. But knowledge of the optical and nervous structures of the visual apparatus and knowledge of the physical characteristics of light yield only 'explanations' limited to 'sensitivity to a certain movement of the ether'. Aristotle, with almost no detailed knowledge of facts, had nothing to offer but the formal generality: 'If the eye were a living being, its soul would be its seeing'.

Aristotle's concept of 'appetence' does not assume drives which have preformed aims, 'Appetence . . . is not an activity which springs only from within, or which is imposed from without; it is an activity which reveals the intimacy between an organism and its environment' (p. 68 ff.). It is 'the invariable consequent of sensation' (p. 115). '"A state of strain is the normal condition of an animal organism, as physiology testifies; it tells us that sight and

hearing are in fact painful, but we have got used to them in course of time—such is the theory". This normal state of strain can be looked upon as appetence in its most general aspect . . . ' (p. 61 ff.). Freud on the contrary assumes that the nervous system has the tendency to reduce afferent stimuli to as low a level as possible, or, if possible, to remain unstimulated altogether (*Ges. Schr.* V, p. 446). Whereas Freud states the goal of non-stimulation and non-tension, Aristotle says that a state of strain is the normal condition and that 'many are so constituted that a neutral state of feeling is to them positively painful'.

Here then is the basic difficulty of psychology: the essential psychological matter is subjective experience subjected to subjective evaluation. This led Freud and Aristotle to the same conclusion: ' . . . neither a living being nor his soul can be defined apart from his history' (p. 131).

CARL M. HEROLD (NEW YORK)

MENTAL DISEASE AND SOCIAL WELFARE. By Horatio M. Pollock.
Utica: State Hospitals Press, 1941. 237 pp.

In the hands of an experienced statistician, figures and facts can be charted and tabled according to a few simple rules to such a degree that one can not be sure whether it is statistician or facts that reveals the most by hiding the most behind perfect form. In some respects this conscientiously presented book is more perplexing than inspiring. Administrative officials in the psychiatric field will, however, see in the data presented much that will guide them. It may be beneficial to some, though it may be doubted by others, to have such data collected if only to prove that without additional data not much has been or can be revealed as conclusive.

This book contains an alarming amount of information. Most of it has been assembled with exemplary care.

On June 30, 1936, in New York State, resident patients under treatment in mental hospitals exceeded in number all other hospital patients combined by over 50 per cent and, too, were more than three times as numerous as the prison and jail populations. And it is reported in relation to incidence, that even now there are no complete annual records available (the best index is the annual rate of first admissions), and says Pollock, 'such rate varies considerably from time to time and from place to place'. He is reason-

ably certain, too, that at least one tenth of the population of New York State is now or will be afflicted by mental disease. It appears, from the data offered, that mental disease with its accompanying physical disorders reduces the average life expectancy of the afflicted in New York State by about one half. The total economic loss in 1936 for New York State was over one hundred fifty million dollars and, for the United States as a whole, about one billion dollars. The economic crisis of the last decade does not seem to be the dominant factor in the increase of first admissions. It is, however, 'a precipitating factor of importance in all groups'. It would appear, too, that 'in reducing the general birth rate that mental disease is a factor of importance'. But the magnitude of the problem of suicides, it is noted, is not fully revealed by statistics; it is believed to be much larger than the reported data would indicate. Evidence at hand indicates, too, that the percentage of the cost of crime, 'a great social burden', is properly chargeable to mental disease but from data available it can not yet be determined.

The chapter on Hereditary and Environmental Factors is pleaful, and concludes:

'Psychiatrists are beginning to study the psychological changes that accompany the processes of recovery, and it is possible that by reversing the approach they may obtain a valuable insight into the formation of those psychological trends which originally brought about the diseased mental condition.

'Mental disease is a tragedy to the individual and his family, and a burden to society. It is important, therefore, that encouragement be given to all forms of research which may ultimately throw light upon the nature of mental disorders. We need more, not less, investigation into brain anatomy and physiology. We need additional studies into the nature of hereditary influences. Studies into the relation of constitution to disease should be carried out in greater detail. But we also need a better understanding of how human beings are molded by their environments. From a synthesis of such fields of research there will some day come a more adequate conception of the causative factors in mental disease.'

The conclusion to the chapter on Thirty Years of Alcoholic Mental Disease is both pleaful and pleaful:

'A scientific approach to the problem is needed. The economic, political, social and health aspects should receive the most careful study. If it is found that the taxes paid by the liquor traffic are not largely extracted from the earnings of the poor; if it is found that the drink habit makes workers in all occupations more reliable and more efficient;

if it is found that the free use of alcoholic beverages promotes health and good citizenship and lessens crime and accidents; if it is found that the liquor traffic as a whole constitutes a real asset in the balance sheet of human welfare—if these things are found, then the liquor traffic should be encouraged, and everyone, both young and old, should form the drink habit. If the findings of the study do not reveal the benefits mentioned but the opposite, appropriate action should be taken. The effectual measures taken by health departments to control communicable disease might receive consideration. Relief from intoxication, alcoholism and alcoholic mental disease cannot be obtained by collecting fees, closing the eyes and saying "All is well."

Other chapters on mental disease, from the statistical point of view, in the United States, in Peru, and trends in the outcome of general paresis, show more as their primary purpose miscellaneous papers presented before societies or published in journals than any relationship or continuity except in the use of statistics. In this respect the title is misleading or else social welfare, when statistically resolved, is unsound and almost any presentation with figures gives a nice continuity to problems, however threaded together, that would otherwise not be apparent.

H. E. CHAMBERLAIN (SACRAMENTO)

THE BOY SEX OFFENDER AND HIS LATER CAREER. By Lewis J. Doshay, M.D., Ph.D. Foreword by George W. Henry, M.D. New York: Grune & Stratton, 1943. 206 pp.

This is a sincere and ably conducted study of all the known cases of 'sex offense' which boys (who were not feeble-minded) presented to the Children's Courts of New York City during a six year period, 1928 to 1934. It should at once be noted that excessive masturbation and even peeping are included under the term 'sex offense'. Two hundred and fifty-six cases were recorded. They were classified as: group A, one hundred and eight cases appearing before the court exclusively as sex offenders; and group B, one hundred forty-eight cases appearing for various other typical offenses, some of whom (the number is not stated) were also charged with sexual misbehavior. The most frequent offense was sodomy, occurring in a little more than forty per cent in each group. Other offenses did not differ markedly in the two groups except for incest with sisters which occurred in twelve cases of group B (two of the girls becoming pregnant), and in only one (an attempt) in group A.

After appearance before the court all of these cases were studied and received therapeutic advice in the clinics attached to the court.

The main import of this research arises from an investigation of later careers. Doshay, from this study, argues strongly against the designation of those offenders who committed sodomy as homosexuals. Not a single individual in group A appears to have been an adult sex offender; only three have appeared at all before adult courts and these only for minor offenses. The findings for group B were very different. It was known originally that their 'mixed offenses' developed on a background of much more inimical conditions and some forty of the hundred and forty-eight have been adult offenders. Even so, only ten have been charged with sexual offenses, including five cases of 'sex attempt with young girl', as against seventeen such juvenile offenses.

Doshay offers data concerning many possible etiological factors; including two chapters which are devoted to case histories. The therapeutic endeavor is also discussed. The general conclusion seems warranted, namely, that the success of the court and clinic contacts in checking sexual recidivism arises 'from the circumstances that they effectively serve to provoke into action the *internal self-curing processes of shame and guilt*'. However, the author warns that after psychiatric 'sex orientation' parents, probation officers, or others must refrain from critical reference to the offense and from spying on the offender, 'lest these operate *adversely* in over-fixating the sense of guilt'.

Acquaintance with at least the more important factual material and the conclusions of Dr. Doshay's well documented study, the first to appear on the subject, should be part of the equipment of all who deal with the behavior problems of child life.

WILLIAM HEALY (BOSTON)

SEX FULFILMENT IN MARRIAGE. By Ernest R. Groves, Gladys Hoagland Groves and Catherine Groves. New York: Emerson Books, Inc., 1942. 319 pp.

This book is written by Dr. Ernest R. Groves, who is Professor of Sociology at the University of North Carolina, his wife, Gladys Hoagland Groves who is Director of Marriage and Family Inc. at Chapel Hill, N. C., and his daughter, Catherine Groves, a journalist and social worker, who is Executive Secretary of the Family Service

Association of Durham, N. C. The introduction is written by Dr. Robert A. Ross, Associate Professor of Obstetrics and Gynecology at Duke University. All of the authors are articulate people who have written earlier books on related subjects. It is therefore apparent that the book draws on wide experience and talent. It comes as an expression of the point of view of a group of individuals working in the field of marriage counseling, which seems to be an expanding subdivision of the broader field of mental hygiene. Regardless of whether one believes that the separation of such a specifically limited field will permanently justify itself or that it will serve only as a temporary stage in the development of preventive psychiatry in general, one is naturally interested in the exposition of authors with so rich a background as that of the Groves family.

The style is fluent, simple and usually clear. The authors' pervading optimism is a definite contribution to the efficacy of the presentation. The book is 'written for the married and those about to be married with the purpose of helping them achieve in their married life the satisfactions of a harmonious, progressive and character-making fellowship'. (Preface) The focal point of the discussion is stated in the book's title.

The effort of the authors to keep the material organized around this focal point and yet do justice to the wide range of related topics results in a partial defeat of their own purpose which is to show that sex fulfilment is only achievable as a part of a general integration of the character. While this is stated in one form or another throughout the book, the concrete illustrations and vivid case examples are largely limited to the sexual relationship per se. The main thesis is a bit too close to a simple enthusiastic preaching against selfishness.

There are a few rather curious unevennesses in the presentation. For example, the authors lay considerable emphasis on the need of the newly married couple to refrain from fatiguing themselves with sightseeing on the honeymoon in order the better to enjoy their sexual voyeurism at night (pp. 157-158). In contrast to this engagingly direct admonition, they appear a bit shy in their discussion of the forepleasures as in the murkiness of such phrases as 'the prosaic habit of osculating punctiliously' (p. 192).

Most of the information contained in the book is accurate and well selected for its helpfulness. In the chapters on sex hygiene

(which is used as a euphemism for the problems of venereal disease) and on pregnancy and childbirth, the medical facts and directions are stated with an overprecision which sometimes runs the risk of being misleading. The authors give the impression that venereal disease is quite readily conveyed through the drinking cup, the towel and other intermediate objects, instead of emphasizing that such an occurrence is possible but exceptional. The impression they give may be a balm to the venereal disease sufferer but needlessly increases the anxiety of a large number of naïve, uninfected members of the laity. The chapter on birth control is so limited (possibly by the authors' caution in not infringing on the law) that the reader would have to be fairly well acquainted with birth control methods to understand what the authors are discussing. This chapter is probably most helpful in its support of careful contraceptive methods and in its indication of the general acceptance of birth control.

Psychiatrists and psychoanalysts will be interested in the evident lack of a useful understanding of the influence of the unconscious on human behavior and character formation. The authors give what appears to be a neat and fairly effective nontechnical statement of the *œdipus* situation (pp. 59-60) but actually show little real understanding of the effect or significance of the repression of sexual traumata. Thus they state, 'However, the most spectacular and therefore the most important events [relating to sex in childhood] can usually be recalled. . . . It is usually easier for the man to do this than it is for the woman to do it, because boys are generally less coerced by social sex taboos than are girls, and so such memories are less likely to have been pressed away down into the unconscious' (p. 53). Later they add, 'It is when the ideas or suggestions are unrecognized, lodged in the unconscious . . . that they make trouble' (p. 75). The authors apparently see no inconsistencies here!

All in all the book has many merits and is the best I have seen in its field. It is sincere, readable and courageous, and avoids the Scylla of sentimentality and the Charybdis of the 'objectivity' of those writers who treat the sexual relationship too much as a matter of mechanical technique.

PHYLLIS GREENACRE (NEW YORK)

MARRIED LIFE IN AN AFRICAN TRIBE. By I. Schapera. (With a foreword by Professor Malinowski). New York: Sheridan House, Inc., 1941. 364 pp.

Professor Schapera of the University of Capetown gives us the result of fourteen months work among the Kgatla of the Bechuanaland Protectorate. This is not a study of a primitive culture. Quite apart from European contacts the mere size of the settlements (the Mochudi of eight thousand inhabitants p. 107) is something quite different from a primitive tribe.

In the elaborate set of customs introducing marriage, in the circumlocutions used for these customs, the student of European folklore will find himself in a familiar world. The series of formal matrimonial approaches are collectively called 'to seek'. At one phase of the negotiations a paternal uncle, accompanied by another member of the boy's family, is sent to the girl's father 'to beg for a calabash of water'. Several days after this proposal certain gifts are made to seal the betrothal. This is called 'the goods brought.' This is the girl's 'debt' or rather obligation because henceforth she is bound to the boy and must watch her conduct. The ceremonial appearance of the boy's parents unaccompanied by any other relatives is explained 'because procreation is the act of two people only'. Most important, however, is the *bogadi*, live-stock given by the boy's people to the girl's father. Early European observers interpreted this as the purchase money for the wife; modern anthropologists, including the author, put the same thing more euphemistically as the token or symbol of the bond. There is more to it, however. 'Theoretically it should always be even, each animal with its pair, to show that two people are being bound together.' Probably the linked couples of animals are symbols for the boy's parents and the symbolized primal scene, a magic prototype of the new union. Relatives enter very intimately into the life of a married couple.

Some features of this society are typical of many primitive groups. Thus for instance, the choice of the maternal uncle as father-in-law, and cross-cousin marriages. 'From an early age they are familiar with the nature of copulation and much of their play consists of games with a definitely sexual character. As they grow older they are given special instruction in matters of sex. The husbands'

attitude is that they have given *bogadi* for the women and are therefore justified in thrashing them into submission.'

Specific forms of masturbation, such as rubbing the *labia minora* and using sticks as substitute penises are practiced by the women. But the vast majority of women prefer normal coitus to masturbation and homosexuality. The castration anxiety of the men is expressed in the fantasy of the *vagina dentata*. A theory of 'hot blood' is partly a magical theory connected with coitus, partly their way of describing gonorrhœa. Kissing is a recent innovation and regarded by the girls with repulsion. The usual approach is for the man to fondle the woman's breasts and suck her nipples. Babies are shown to the new moon. Young children are told that the mother fetches the baby from a pool in the river. After the navel cord has fallen off the child the father is for the first time allowed to enter the hut to see it. The ceremonial transition rite called 'crossing the poles' consists of a coitus interruptus, after which the father smears some of the semen on the child's back. The meaning is obvious, the father is readmitted but he permits the child to participate in the primal scene (p. 236). The author discusses the sexual, economic, and social aspects of marriage, and the changes introduced by European culture.

GÉZA RÓHEIM (NEW YORK)

SOCIAL CASE RECORDS FROM PSYCHIATRIC CLINICS. By Charlotte Towle. Chicago: The University of Chicago Press, 1941. 455 pp.

The twelve cases described in this book have been selected from patients receiving treatment in three psychiatric clinics in Chicago: the Institute for Juvenile Research, the Department of Neuropsychiatry of Michael Reese Hospital, and the University of Chicago.

The author describes a three-fold purpose: '(1) to convey a content of knowledge in the field of human behavior; (2) to impart understanding of the utilization of psychiatric concepts in case-work practice; and (3) to promote understanding of basic case-work principles and processes as utilized in a clinical setting'. Her first objective seems more nearly to have been reached in her own intro-

duction to the book than in the case material; her second objective is not fully realized because of the absence of the psychiatrist's contribution to the study of each case; her third objective seems to have been realized more completely than the other two. There is an interesting description of the variety of cases passing through such clinics.

Miss Towle divides her material into case data and discussion notes and is to be congratulated on her conscientious presentation of a considerable body of case material. Her book will evoke discussion among medical and psychiatric social workers. The bibliographies given with each case are well chosen and will prove useful to students and others.

While this book makes a substantial contribution to available case data in the field of psychiatric social work, there is a danger that it may be followed blindly by less able instructors of similar courses without appreciation of the fact that it reflects current confusions in the social work practice of today. As is always the case, class room material is most useful to the teacher who, herself, has supervised the case. As a description of Miss Towle's teaching in the University of Chicago this book is of interest, but as a textbook it is of doubtful lasting value. The discussion notes are a record of what took place in her own class room but will inhibit original thinking on the part of students who need to find their own springboards from the raw material of social situations rather than having ideas handed out to them. It will be evident to anyone who has tried to simplify the complex details of a psychiatric case for presentation to others, that Miss Towle has put a great deal of time and thoughtful effort into the production of this book.

ELISABETH BROCKETT BECH (CEDAR GROVE, N. J.)

MENTAL HYGIENE FOR COMMUNITY NURSING. By Eric Kent Clarke, M.D. Minneapolis: University of Minnesota Press, 1942. 262 pp.

In a clear and swift manner, Dr. Clarke shows in his first chapter how much neglected the psychiatric training of the public health nurse is, and the important rôle mental hygiene could and should play in community health. The author describes in actual short case histories the nature of the various problems in the field of

mental hygiene, some of their precipitating factors, and the measures taken for correction. He follows the individual from his birth well into his adult life. In discussing the various conduct disorders, he points out the right moment for the school nurse to take over. The problems of adoption are particularly well presented, and advice is given with wisdom and restraint.

Less well presented are some of the problems taken up under the heading, *The Adolescent*. The author describes, for instance, an eighteen-year-old boy who does needlework, knitting and cooking, in the company of his mother, in preference to athletic activities. Dr. Clarke classifies this problem as 'over-submissive' and complains that no headway was made at the psychiatric clinic. The psychoanalyst is not surprised! This kind of oversimplification is misleading and, if the author felt that no more could be said about the dynamics of this case, it had better been omitted from the list.

The importance of the proper approach to the mental state of the convalescent and invalid is emphasized; the selection of the right kind of occupational therapy, including books, is worked out well. The author takes up briefly the neuroses and psychoses, showing that unhappiness can be averted more by kind understanding than by applying disciplinary methods.

The last chapter is devoted to the psychology of the community nurse herself. Her possible stumbling blocks—(1) defensiveness, (2) overaggressiveness or egocentricity, (3) inhibitions and repression, (4) identification, (5) fear reactions—are analyzed and sound advice is given.

The bibliography is arranged by chapters. It is abundant and many sources can be recognized throughout the pages. Although Freud and other psychoanalysts are quoted, there is little to be noticed of other than ego interpretations. Unconscious motivations, especially of libidinous nature, are hardly mentioned. When sexual drives are mentioned, they are mostly summarized as 'psychosexual'. It may be unnecessary to give too much detail of unconscious mechanisms to a nurse who does not have special training in psychic phenomena, but too little of it may prove just as confusing in the end.

METHODS OF TREATMENT IN POSTENCEPHALITIC PARKINSONISM. By Henry D. von Witzleben. New York: Grune & Stratton, Inc., 1942. 164 pp.

With short and precise formulations condensed in one hundred fifty pages, an excellent and informative outline is given about the treatment of postencephalitic parkinsonism. A short chapter about diagnosis and differential diagnosis forms the starting point emphasizing the importance of the differences in the treatment of chronic encephalitic parkinsonism, arteriosclerotic parkinsonism, and paralysis agitans. The descriptions of treatment include chemotherapy, serum therapy, vaccine treatment, surgical fever, and roentgen therapy.

The main part of the book culminates in the description and evaluation of the Bulgarian treatment which belongs to the alkaloid therapy and which was worked out by Raeff, Panegrossi and von Witzleben.

The chapter on General Rules on Treatment and the last chapter on Therapy by Physical Exercises and Calisthenics avoid almost demonstratively any reference to psychotherapeutic possibilities or even implications. It is however emphasized that alkaloid therapy must be combined with physical exercise if the astonishing success of the author's treatments is to be repeated.

MARTIN GROTJAHN (CHICAGO)

ABSTRACTS

Ethos, Hypokrisie und Libidohaushalt. (Ethos, Hypocrisy, and Libido Economy.)
Martha Mitnitzky-Vagó. *Int. Ztschr. f. Ps. u. Imago*, XXV, 1940,
pp. 356-396.

The author attempts a psychoanalytic interpretation of certain sociopsychological facts about India. More particularly, she promises a study of the ethics of work among the Indian working castes. Actually, we learn less about them than—in a rather chaotic fashion—about the caste of the Brahmins and about cow worship. The Hindu attitude towards work is generally characterized as being 'hypocritical'. It seems to us that this expression would be more justified with regard to our own society than to Hindu ideology which leaves dirty work for the lower castes as something ethically suitable for them alone. The Brahmin who uses things made out of the leather of a cow is not a hypocrite. He does not have to pretend not to use such things as the use of leather is absolutely justified, not only because the leather is not identical with the living cow, which it would be a sin for the Brahmin to kill, but because the leather worker who produces such articles for the use of the Brahmins as well as of everybody, does so according to the Karma and is fulfilling his ethical duty. The author also sees hypocrisy in the fact that the ascetic practices of the Brahmin are not sublimations; but rather distorted satisfactions of instincts.

The history of the Brahmin's coming to power is also discussed, but in an unsatisfactory way. We read first that the invaders subdued the Dravidians who became the lower castes; but no mention is made of the fact that the invaders were already divided into castes, and that the Brahmin shared the advantages of being a member of a ruling class with the Kshatriya, the fighter, whose relative power varied in different periods of the later development.

The Brahmin is held responsible for the entire Hinduistic creed which he is said to use for the purpose of obtaining personal wealth. The author does not even give him the credit of having faith in the religion he created. But—and that is one of the most interesting problems of the psychology of organized religions—faith and 'misuse' for the purpose of power may go hand in hand.

Of course, the Brahmin is and was the exploiter of the poor population; but other castes gave their share, too, to the development of the Hindu philosophy. Recent research suggests that the idea of Karma (rebirth) itself is a product of the Upanishad philosophers who were Kshatriyas. We do not know whether this idea is justified or not. At any rate, it seems possible to the psychoanalyst: the Kshatriya, the fighter, has to face death in his professional life, he kills and is killed. It is probable that he invents rebirth as a defense against the fear of death and against the guilt of killing.

Unfortunately, the paper is full of errors. It supposes that there is no female god of any importance, Kali being 'on no account an independent female principle, and certainly not that of motherliness; she is but a simple incarnation and representative of her lordly husband Shiva' (Kala). Of course,

Kali is an incarnation of Kala; but the very fact that a *female* incarnation was needed is important. Kali worship was and is of great importance. 'Kali' is the female form of 'Kala' which means death, and she is the goddess of destruction, of Nature in her destructive aspects, a symbol for the feared and castrating mother. Her worship is the other side of the unambivalent, mild worship of the cow.

The relation between Buddhist monks and Brahmins is pictured as one of competition in ascetic practices. Actually, Buddhist asceticism is completely different from the Hinduistic. It was never an intensification of the Brahmanic practices, but a reaction against their sado-masochistic character. The interpretation of the mental state of contemplation is also erroneous in various respects. The unsatisfactory nature of the material on which the psychoanalytic interpretation is based, makes further criticism of details superfluous. The method of applying the theories of the œdipus complex and of the castration complex wherever possible is reminiscent of the early times of psychoanalysis, when every analyst was glad to 'prove' the very existence of these complexes.

EDITH LUDEWYK-GYOEMROEI

Phänomenologisches und Psychoanalytisches zum Problem des Mitleids. (Phenomenology and Psychoanalysis in the Problem of Sympathy.) Tore Ekman. *Int. Ztschr. f. Ps. u. Imago*, XXVI, 1941, pp. 275-285.

Psychoanalysis has been almost without contact with philosophy. Nietzsche and Schopenhauer anticipated some of Freud's discoveries—though in a more unsystematic way—as in Nietzsche's deduction that the conscience develops out of aggression (*Genealogy of Morals*). The first to appreciate psychoanalysis was Max Scheler, the outstanding representative of phenomenology. Ekman tries to show parallelisms between phenomenological and psychoanalytical thinking by means of the phenomenon of sympathy. Scheler assumes two forms, true sympathy and the transmission of feelings (*Gefühlsansteckung*). In contradiction to Freud, he denies the effect of an identification process as essential for true sympathy, while he postulates identification in the case of *Scheinmitleid*. Here we have to deal with a condition for which Pascal said '*vivre d'une vie imaginaire dans la pensée d'autrui*'. Jekels in his paper, *Zur Psychologie des Mitleids* (*Imago*, XVI, 1930), refers to Freud's remark that 'sympathy is borne out of identification with the suffering person; it is a reaction-formation to one's own sadism but not a transformation to the opposite reaction'. Jekels states that there are two forms of identification: an introjecting, narcissistic one, and an identification whereby the object remains intact. In his first assumption Jekels comes very close to Scheler's conception of the rôle of identification in the process of sympathy and we owe thanks to Jekels for the first investigation of the metapsychological occurrences in true sympathy. Neither he himself nor other analysts drew the full consequences of his findings, even though some investigators dealt with the same problem (Fenichel, Sterba). True sympathy belongs mainly, if not exclusively, to the genital level. Scheler expresses it by saying that 'sympathy parallels the quality and intensity of love'. Scheler's precise formulations drew our attention to the important fact that the more sympathy

is a result of an identification, the more untrue it becomes. Ekman's article seems to be the beginning of a comparative study and more on the subject might be in preparation.

JULIUS I. STEINFELD

Revolution and Evolution. Ernest Jones. *Int. J. Ps.*, XXII, 1941, pp. 193-208.

What is significant for a 'revolutionary' change of social institutions as compared with an 'evolutionary' one? Not the suddenness with which the change is performed; not the amount of violence involved, but, according to Jones, the radicalism. The revolutionary character of a change depends on whether or not 'the former and now displaced conditions are permitted to survive and coexist with the new ones, or at least are transformed in such a fashion that the essential elements persist even in the new guise'.

Jones looks for the conditions of such radicalism only in the subjective psychology of revolutionary individuals, without asking questions about the nature, history or objectively undesirable effects of the institutions to be changed. He estimates the practical importance of such psychological knowledge very highly, perhaps too highly. He says, 'The prevailing muddle, to use a mild expression, into which the social relations of mankind have obviously landed, both intra-nationally and inter-nationally, is more than anything else due to ignorance of just those unconscious forces on the nature of which psychoanalysis is throwing so much light'.

The question as to which persons tend to express their oedipus complex more radically so that nothing of the old father is to remain—this question which seems to Jones to deal with the essence of revolution—is answered as follows: 'In my experience what has happened is that the sense of guilt in such people has been disposed of, or successfully kept at bay, by their developing in an especially high degree the paranoid mechanism of projection. They have persuaded themselves that their opponents are so unspeakably evil that they deserve no better fate than torture and death, and that to inflict this, so far from being a guilty act, is a laudable one.' Now, paranoid projection in men is always a defense against unconscious passive homosexuality, and therefore Jones is of the opinion that most revolutionaries are persons with a double oedipus complex, who not only express a severe hatred against their father, but simultaneously try to hide a still deeper love towards him in this way. (One would think that this mechanism characterizes the pathology of revolutionary attitudes rather than its physiology.) Jones admits that not only parricide, but also 'idealistic and creative forces' are effective in the revolutionary—mostly, but not exclusively effects of defense—and undoing-mechanisms.

Jones describes the revolutionary's interest in social institutions as a mere projection: 'The evidence at present available goes to show that both evolutionary and revolutionary movements affecting a community are extensions of mental processes which are essentially individual in origin. By this I mean that individuals in attempting to deal with their personal (and therefore family) conflicts, make use of the idea of society in general as a region where their conflicting impulses may be depicted, expressed or worked out.' Contented

people feel secure; discontented people are those who believe themselves endangered either by outer or by inner objects. 'We have the personality where the internal turmoil is so vehement that it can be dealt with only by provoking and thus reproducing a corresponding violent turmoil in the outer world. Such a person makes a typical social agitator or, on another level, the nihilistic revolutionary.'

The more the masses follow a revolutionary leader, the more they feel depressed and inferior; the more they feel depressed and inferior, the more they have guilt feelings; and the amount of their guilt feelings 'is sometimes a sociological problem, but we have to remember the latent sense of guilt in all human beings which is apt to be stirred up by any great misfortune or privation'.

Eventually, Jones asks whether or not there is any 'progress' in mental development. He is rightfully sceptical and also does not believe in Freud's phylogenetic memories. Perhaps in the future there will be something like 'psychoanalytic eugenics'.

Neither social circumstances as a possible source of revolutionary tendencies nor the social determination of the psychic attitudes of the revolutionary people are discussed.

OTTO FENICHEL

Types of Anxiety Neuroses. Paul Schilder. *Int. J. Ps.*, XXII, 1941, pp. 209-228.

Schilder calls all neuroses in the course of which anxiety develops 'anxiety neuroses'. He is of the opinion that these neuroses should be subdivided according to the quality and structure of their aggression. He distinguishes three groups. In the first group, the aggression is directed against the object as a whole: the patients have death wishes against the objects but no impulse to dismember them. Agoraphobias and neurotic fears of death belong to this category. The hostility is often unconscious; pregenital tendencies are in the background. The aim of the hostility of the second group is the dismemberment of the object: the fear of being dismembered governs the picture; pregenital sexuality is more outspoken; anxiety symptoms are interwoven with compulsive and obsessive symptoms; disturbances of the sense of space are characteristic. Claustrophobias belong in that group. The third group is entirely governed by motives of dismemberment. There are severe disturbances of equilibrium and sense of space; genitality is abandoned; depressive features complicate the clinical picture.

Schilder illustrates the three groups with interesting case histories of eleven patients. From the psychoanalytic-genetic standpoint, a further elaboration of these case histories would perhaps have been desirable, but descriptively they illustrate very well what he had in mind with his 'types'. Schilder's stressing of the connections not only between anxiety and aggression, but also between anxiety and the senses of space and equilibrium, is especially important and interesting.

OTTO FENICHEL

Psychology of Nationalism. L. Fessler. *Psa. Rev.*, XXVIII, 1941, pp. 372-383. Fessler's article is an unsatisfactory discussion of nationalism which leads to the conclusion, on psychological grounds, that nationalism and its stress on aggression are bad. It is better to restrain an uncritical aggression with conscience and morality, and thus avoid guilt and anxiety.

He begins by discussing the relative merits of economics and psychology as a way of understanding social events. Psychology is an easy victor in a brief debate. He then takes up the psychology of nationalism which he apparently uses as a synonym for fascism. He deals with the nature of the appeal that nationalism has for people by giving them a feeling of superiority and by permitting them an expression of their aggression. Opposed to nationalism is religion, which is the opposite of nationalism in every way. Nationalism cannot last, because guilt follows aggression, as melancholia follows mania. One cannot negotiate with nationalism. Conscience and morality enable one to cope with uncritical aggression and thus avoid an accumulation of guilt and anxiety.

EMANUEL KLEIN

The Dreams Freud Dreamed. Immanuel Velikovsky. *Psa. Rev.*, XXVIII, 1941, pp. 487-511.

It is a daring enterprise to 'reinterpret' Freud's dreams which he published in his *Interpretation of Dreams*. It would be unjust, however, to compare Velikovsky with other authors who failed entirely in such an undertaking. He does not claim to analyze Freud but limits himself to an attempt to read a certain preconscious latent dream-thought into several of Freud's dreams. 'An important, possibly the most important determination of almost all dreams mentioned by Freud is his inner struggle for unhampered advancement. In order to get ahead he would have to conclude a Faust-pact; he would have to sell his soul to the Church.'

Regarding Freud's ambition and a certain connection of this ambition with his Jewishness, Freud himself always admitted and stressed this point. Velikovsky's interpretations seem possible at certain points concerning the statement of Freud's struggle about baptism, but at others his interpretation seems rather arbitrary and unjustified. Velikovsky is of the peculiar opinion that a stranger is more capable of uncovering the hidden elements in the unconscious play on words in dreams than the dreamer himself, and he makes much use of this opinion. Freud dreams about a 'herbarium', and Velikovsky says this word 'suggests the sound association to "Hebrew"'; he dreams about 'Cyklamen', and Velikovsky adds, 'This word contains "Amen"'; the figure of 'Count Taaffe' according to Velikovsky stands for 'Taufe' ('baptism'); 'hotel' 'may be *Hotel de Dieu*'; 'three' 'is a Christian symbol'; 'three steps at one time'='with the Trinity one can climb well'; 'pelvis' 'recalls the receptacle which is used in the ritual of conversion—the baptismal font (pelvis=*Becken*=*Taufbecken*)'; Freud dreams of Professor Bruecke, 'Bruecke in Latin=*pons*, *pontis*, reminiscent of *Pontificus*'; 'breakfast ship' 'may be a reversal of the Last Supper'.

OTTO FENICHEL

Some Remarks on a Chapter of Helen Keller's Book: 'The World I Live In'. S. H. Foulkes. *Psa. Rev.*, XXVIII, 1941, pp. 512-519.

Helen Keller's experiences, as she describes them, demonstrate and confirm views held by psychoanalysts on the genesis of early processes in ego development. The retardation at the onset of her development, as well as the slowing up of those processes due to the absence of her principal senses of communication with the outside world, enables her to describe in 'slow motion' quite clearly the differentiation between verbal recollections and actual early experiences. Of the time before word formation she writes, 'I lived in a world that was a no-world'; consciousness at first existed for her when she learned the meaning of 'I' and 'me'.

Of special interest in her case is the way in which the onset of word formation and later of idea formation was effected by the tactile impressions of her hand. She says, 'I thought and desired with my fingers'. She describes nature as 'the world I could touch'. The libidinal importance attached to her hand illustrates the fact that the distribution of libido corresponds to the principal ways of ego orientation.

MARGRIT MUNK

Poe as Hypnotist. Arthur N. Foxe. *Psa. Rev.*, XXVIII, 1941, pp. 520-525.

In this short paper the author refers to the hypnotic experiments Edgar Allan Poe describes as having himself performed with people approaching death. Poe's theoretical conception of hypnosis appears to be rather mystical, whereas his clinical descriptions prove him to be a keen observer. His interest in hypnosis focused around the questions as to whether a dying person can be influenced by hypnosis and to what extent and for how long a period might the encroachment of death be arrested by the process of hypnosis. Poe describes two cases of pulmonary tuberculosis, in which some changes in the clinical manifestations are supposed to have been brought about by hypnosis. But it is uncertain whether his report is truth or fiction.

The author overlooked the opportunity of linking up Poe's interest in prolonging the life of persons dying from pulmonary tuberculosis with the death of his own beautiful young mother of tuberculosis, an experience which had the greatest influence on his life and his poetical productions.

RICHARD STERBA

Anxiety in a Neurosis of Seventy Years Standing. C. P. Oberndorf and A. Eisendorfer. *Psychiatric Quarterly*, XVI, 1942, pp. 221-229.

Oberndorf and Eisendorfer present the case history of a woman seventy-eight years old who has had a condition diagnosed as psychoneurosis for the past seventy years. The illness has been characterized by crippling phobias and compulsively determined acts, which have been disturbing enough to necessitate institutionalization on at least four occasions. The onset was at the age of six, when, following a period of excessive masturbation and resultant guilt, she developed a fear of fire and a compulsion to listen to fire engines. The history indicates an inability to make a successful heterosexual adjustment, and a persistent dependency on her mother.

While deep psychiatric treatment was never successful, she has been under the care of psychiatrists during much of her adult life, and has received some palliative help through them, particularly from one with whom she had a strongly dependent relationship.

The authors present the case as an example of a severe anxiety state of long duration, which has seriously handicapped the patient's ability to function but which has caused no physical or mental impairment. They raise the question as to whether the anxiety has served as a defense mechanism against forces that would have seemed more destructive to the patient, and thus has protected her from the impact of the deeper problems.

IRENE M. JOSSELYN

The Organization of Psychiatry for the Emergency. Harry A. Steckel. *Amer. J. of Psychiatry*, XCVIII, 1942, pp. 791-794.

Psychiatrists were the first medical specialists who, as a group, undertook to organize themselves for the present national emergency and offered their services to the armed forces of the nation. Psychiatry has a real contribution to make in the prosecution of the war as well as in the reconstruction period.

MARTIN GROTJAHN

Army Psychiatric Literature, Factors in Interpretation. David J. Flicker. *Amer. J. of Psychiatry*, XCVIII, 1942, pp. 795-800.

Some essential differences between the viewpoints of the civilian and army psychiatrists are presented. The problems and regulations of the army must be considered in interpreting literature that will be forthcoming concerning army psychiatrists. It is hoped that these explanations will prevent unwarranted generalizations from a statistical standpoint. The author strongly questions the ability of psychotherapy to instill courage into the great majority of those who are examined by the army psychiatrists for C.D.D. (Certificate of Disability for Discharge). This view is strengthened when one considers men who break down in training without being exposed to battle.

MARTIN GROTJAHN

Pathodynamics and Treatment of Traumatic War Neurosis (Traumatophobia). Sandor Rado. *Psychosomatic Med.*, IV, 1942, pp. 362-368.

According to Rado, the healthy soldier gives up his 'emergency control'. 'Emergency control' is a reaction of anxiety and blind rage and is the most primitive means of coping with an emergency. Transformed from a sensitive man into an insensitive technician of war, the healthy soldier loses in part his individuality and interprets combat not as a continued threat of injuries but as a sequence of operational demands to be responded to by precise military performances. He is able to take this remarkable attitude because the situation touches off in the depths of his mind the eternal human illusion of one's own invulnerability and immortality. However, if the soldier resumes his emergency control and reacts with anxiety or blind rage he becomes reestablished as an individual and is no longer an integrated part of the

military unit. The trauma acts as the last straw and the soldier can no longer meet the demands made on him by the new situation. If a healthy person experiences a failure like this, he automatically makes an immediate effort to repair the failure. But the hysteric wishes to be overwhelmed by the situation. The unconscious operations of the 'emergency control' can therefore do nothing better in the hysteric than to inhibit the very forces that would otherwise bring recovery, and thereby perpetuate the operational failure. The inhibition of repair is an 'unconscious anxiety mechanism'. In the early posttraumatic period after the breakdown, the personality relaxes its efforts to quash the operations of emergency control, and from a deadlock this system now swings into a phase of overactivity. The unconscious illusion is created that the patient is still in the thick of his critical experience. In the late posttraumatic period the trauma, originally representative of the threats of war, now comes to stand for all prospective dangers and 'traumatophobia', as Rado calls it, develops.

The treatment cannot rest merely in the discharge of 'strangled affect'. The decisive factor is the desensitization of the patient to all war memories whether repressed or not. These memories must be stripped of their power to perturb him again and again and must be turned instead into a source of repeated pride and satisfaction.

Rado's paper is the clearest presentation of the psychoanalytic interpretation of war neurosis in recent literature. It is outstanding in its lucid formulation and uncompromising theoretical implication which originates in Freud's writing about traumatic neurosis and represents its logical conclusion.

MARTIN GROTJAHN

The Relaxation of the Analyst. Richard Sterba. *Psychiatry*, IV, 1941, pp. 337-342. The mental relaxation of the analyst during the analytic hour is connected with the theory of the 'counterresistance'. This relaxation is based on a complete freedom from anxiety on the part of the analyst with regard to the patient and particularly in regard to the manifestations of his unconscious. The objective attitude of the analyst can easily be carried too far and the consequences to the analysis may then perhaps be graver than the occasional acting out of the analyst in an uncontrolled countertransference. There are some analysts who, no matter what may be the manifestations of the patient, always maintain the same interpretative, observant attitude. They are not interested in the person and his emotional conflicts, but only in the manifestations of his unconscious for which they are tirelessly on the lookout. The attitude of the analyst should give the patient the possibility of changing the infantile instinctual aims to real ones in the outside world; he must for a time permit free play to the repetitive infantile tendency, he must be able to endure being the temporary object of this infantile impulse. The analyst has to act as mediator between the objects of the infantile desires and the adult world of reality. He must not merely preach reality; he must represent and be reality, a very real human being to his patients.

MARTIN GROTJAHN

The Significance of Psychiatry in Our Time. Richard Sterba. *Psychiatry*, IV, 1941, pp. 511-513.

The vast and noble task which falls to psychiatrists may be summarized in the formula: humanization of the human mind. What Freud said about psychotherapy with regard to the single neurotic must be the slogan for the civilization of cultured mankind: 'Where Id was there shall Ego be'. What characterizes man is his ego, the central function of which is consciousness. In therapy with the person and, as a corollary, with all mankind, the id is diminished and the ego extended.

MARTIN GROTJAHN

The Successful Treatment of a Case of Chronic 'War Neurosis' by the Psychoanalytic Method. Robert P. Knight. *Bulletin of the Menninger Clinic*, VI, 1942, pp. 153-164.

The author describes the psychoanalytic treatment of a forty-four-year-old patient who had been disabled for fifteen years, was in the midst of a legal fight with the government over disability insurance, and who nevertheless rapidly recovered. The 'war neurosis' had no connection with military activity except that the onset occurred during military service. The traumatic event worked as a repetition of repressed infantile experiences. The excellent therapeutic result, despite the great handicaps, was possible since the patient never willingly resigned himself to becoming dependent on the government. After only two hundred hours and with analytic insight into the main conflicts, the patient has kept healthy for six years since the termination of the analysis.

RALPH R. GREENSON

Myth and Folk Tale. Géza Róheim. *Amer. Imago*, II, 1941, pp. 266-279.

In this study Róheim first points out the difference in content and structure between myth and folk tale. In myths we find divine actors, acting in a definite locality. The myth is a part of the creed believed by the narrator, mostly connected with a ritual. The folk tale seems to be purely fiction; it shows the *dramatis personæ* as human beings, the actors are nameless, the scene can be anywhere. But the contents of both myth and folk tale show their common origin, namely the unconscious conflicts around the oedipus complex.

Róheim has collected a series of folk tales which were told him by the members of a primitive tribe, the Aranda, in Central Australia. The hero and heroine of these stories are always a beautiful couple. Their antagonists are giants with big penises and testicles; the females have enormous genitals and breasts. All narratives show the giants as cannibalistic, either attempting to devour the human beings, or actually doing so. They never show the humans retaliating in kind. The end of the folk tale is always happy. Róheim believes that the demons in the central Australian folk tales may represent the past of the native civilization, since they are pictured as more unbridled in lust and aggression than the central Australian natives of today. The institution of marriage is entirely absent in the folk tales and totemism is

hardly mentioned. Though the tales may represent the warfare between cannibalistic and noncannibalistic tribes, between lower and slightly higher cultures, according to Róheim they concomitantly reflect actual infantile experiences. Baby eating is still customary among the central, southern and western Australian primitive tribes, either every second baby being eaten or, irregularly, some of the babies being devoured whenever the mother is seized by an irresistible craving. Since the surviving children are brought up almost without any inhibitions, the result is a marked ambivalence towards the parents which finds expression in the folk tales.

Róheim states that the difference between folk tale and myth lies in the difference of the superego influence on these mental products. Whereas folk tales picture the fight against 'superego precursors' in the form of 'wicked parents' imagos in a merely fictive fashion with a happy end, myths are tragedies based on a strong father identification. The myth tries to link up fantasy and reality and is tied up with society and with group activity in the form of ritual.

Róheim concludes: 'In the folk tale we relate how we overcome the anxiety connected with the "bad parents", and grow up; in the myth we confess that only death can end the tragic ambivalence of human nature. Eros triumphs in the folk tale, Thanatos in the myth.'

RICHARD STERBA

A Note on the Medusa Symbolism. Isador H. Coriat. *Amer. Imago*, II, 1941, pp. 281-285.

A patient's fantasy that his body becomes rigid and immobile while he is looking at his mother's nude body and genitalia made Coriat reconsider the problems of the symbolism of Medusa's head. He confirms Freud's and Ferenczi's interpretations according to which the Medusa represents the terrifying sight of the female (maternal) genitalia which are perceived as 'castrated'. Coriat emphasizes the unauthorized onlooker's punishment: petrification. The metamorphosis into stone certainly symbolizes an erection (according to the symbolic equation: body = phallus); but through the immobility it simultaneously symbolizes 'the impotence of fear, a protection against incest, a form of punishment for forbidden incestuous wishes'.

OTTO FENICHEL

Criminality as an Expression of Psychosexual Infantilism. Ben Karpman. *J. of Criminal Psychopathology*, III, 1942, pp. 383-429.

The author describes a twenty-year-old youth with a history of delinquency (involving both theft and sexual offenses), on the basis of thirty-five irregular sessions which stretched over a period of five months. In this time the patient presented his rich dream and fantasy life but not a distinct biographical picture of his personality. There was a discrepancy between the boy's omnipotent wish fulfilment fantasies and his meagre efforts to realize them. His sexual fantasies dealt mainly with polymorphous perversions. His delinquencies seemed to be 'acted out' parts of his infantile fantasy life. The motive 'pleasure without guilt' indicated his tendency to repress guilt feelings. Other

than this general picture of developmental retardation there are no specific features worked out to determine his antisocial behavior or to distinguish him from other psychoneurotics.

EDITH WEIGERT

The Primal Horde and Incest in Central Australia. Géza Róheim. *J. of Criminal Psychopathology*, III, 1942, pp. 454-461.

The author refers to actual events which occurred in the past two or three generations among primitive tribes in Central Australia which support the theory that the primal horde type of organization, or something similar to it, has survived under primitive conditions up to the recent past. In various communities there were men who practiced incest with classificatory and real incestuous objects, until the deaths of these men were brought about by a general tribal conspiracy.

Although in Central Australia incest is the greatest crime against the social order, in certain districts chiefs still are said to live with their daughters. In some of the myths it is permissible for them to marry women of various forbidden degrees. Róheim concludes that in such areas of the world the 'primal father who keeps all the women to himself as long as he can may be a thing of the recent past', and that 'a period of oscillation between the law and the will of the father', as described in the myths, actually occurred.

MILTON L. MILLER

Analogous Mechanism in the Formation of Symptoms in Organic and Functional Disorders. K. Goldstein. *Bulletin of the Forest Sanitarium*, I, 1942, pp. 28-36.

Goldstein reports on a patient with a brain lesion who, among other symptoms, showed a behavior very similar to that of the typical compulsion neurotic, i.e., if occupied with a certain activity, he was entirely obsessed by it. As long as possible, disturbing influences were not perceived at all, and then misunderstood or misinterpreted according to the prevailing interest. The patient was unable to stop his activities voluntarily. Whatever he did, was done in a somewhat automatic, stereotyped, inanimate way.

Goldstein is of the opinion that this 'tendency to adhere to a once adopted mental set, to persevere in a process and to repeat' is characteristic of all primitive acts. In normal persons these characteristics disappear as the personality progresses and the functions become centralized. In both organically sick persons as well as compulsion neurotics this centralization is disturbed by an 'isolation' of certain individual functions which explains the similarities in the clinical pictures. The differences are explained by the different basic causes of the disturbing 'isolation'.

OTTO FENICHEL

Therapeutic Result on 'Treatment-Resistant Schizophrenics'. J. I. Steinfeld. *Bulletin of the Forest Sanitarium*, I, 1942, pp. 1-16.

Steinfeld reports on ten cases of schizophrenia of long duration which had been unsuccessfully treated by various methods. The author then applied deep shock therapy followed by psychotherapy and achieved rather impressive

therapeutic results. He sees the effectiveness of shock therapy as based on fulfilment of regressive wishes and desires of the patient, rather than on unconscious punishment or 'death and rebirth'. The artificially induced regression goes 'beyond the point of the spontaneous regressive tendencies'.

The subsequent psychotherapy varied according to the nature of the cases. Psychoanalysis was applied only in a 'rather small group'. In other cases, where the adjustment had been rather poor even before the psychosis, 'further intrusion into the life problems might precipitate another breakdown'. It is advantageous if the psychotherapy is applied by the same physician who administered the preceding shock therapy.

OTTO FENICHEL

A Case of Amnesia and Its Bearing on the Theory of Memory. Merton Gill and D. Rapaport. *Character and Personality*, XI, 1942, No. 2.

A case of 'loss of personal identity' is reported in which anterograde and retrograde amnesia developed. The recovery of the forgotten period was experimentally precipitated. The manner in which repressed material returned seemed to indicate that memory organization and delivery of memories into consciousness are effected by strivings, attitudes and affects; that the latter are in the framework of 'personal identity'; that 'loss of personal identity' occurs when too many of these strivings become contradictory to each other and are replaced by a single striving; and that communication of traces responsible for recognition and recall takes place when the attitudes, affects, and strivings underlying the communicating traces are similar.

EDWIN R. EISLER

Psychological Factors Associated with Eating Difficulties in Children. Olga Rubinow Lurie. *Amer. J. of Orthopsychiatry*, XI, 1941, pp. 452-467.

From families referred to a Jewish social agency the author selected for treatment twenty-five children whose principal difficulties centered around eating. There were a few instances of overeating and vomiting but anorexia was the principal symptom in almost every case. The family constellations revealed a consistent picture of an irresponsible father and an infantile, dependent mother. A number of the fathers drank, some were obese, but none played a dominant rôle in the home situation. The mothers showed a good deal of unresolved ambivalence toward their own mothers and either acted out their dependence overtly or attempted to compensate by success in the economic field. All dominated their homes in one way or another. The children were unwanted and the mothers' ambivalence toward them was pronounced. The mothers were either overly demanding of adult behavior from the children or else overindulged them on the basis of their identification with the children. The children, in turn, showed ambivalence toward their mothers and toward the therapist.

There was considerable improvement in some treated cases and in those where foster home placement could be carried out. The anorexia seemed to have several psychological determinants: revenge on the mother for her withholding of love; refusal to grow up; and self-punishment for the oral

aggression to the mother. In the discussion Lippman suggests that some of the maternal anxiety may be displaced from racial or social conflicts onto the child. The author presents her views well but limitations of space force her to schematize this important subject too much and limit her use of illustrative case material.

A. H. VANDER VEER

Obesity in Childhood and Personality Development. Hilde Bruch. *Amer. J. of Orthopsychiatry*, XI, 1941, pp. 467-475.

The author presents a concise summary, condensed from previous publications, of her extensive studies on two hundred obese children. Examination showed, in addition to the obesity, precocious development in height, bone structure and intelligence, early puberty, and elevation of the basal metabolic rate. These findings definitely explode the myth that endocrine hypofunction is the chief cause of obesity. The dominant emotional patterns in the children consisted of aggressive demands on the mother for feeding, dressing, and toilet care; avoidance of physical activity, sports and social contacts; greed in areas other than food (e.g. addiction to movies); and lack of open aggression to persons other than the mother. None of the children ate a well-balanced diet and generally they preferred starches. The family patterns were quite uniform. In general, the fathers were weak and unaggressive. The mothers frequently gave histories of early emotional deprivation, poverty and hunger. Their attitudes toward the children were ambivalent, combining overprotection and anxiety with overt hostility at the child's demands. The mothers consciously hoped to possess the exclusive love of their children by keeping them in a state of perpetual babyhood. They actively encouraged the children to overeat. Food seemed to symbolize love to both mother and child and also acted as a reassurance to the child against many anxieties arising from his social ostracism and his sexual conflicts. The author believes that such children enjoy their obesity and utilize it to fantasy that they are big, powerful and therefore safe. She concludes that 'obesity in childhood represents a disturbance in personality in which excessive bodily size becomes the expressive organ of the conflict'. Dr. Bruch is to be highly commended for placing the study of obesity on a rational basis.

A. H. VANDER VEER

Schizophrenia in Childhood. *The Nervous Child*, I, 1941, pp. 137-250.

The editor of the new quarterly, *The Nervous Child*, devotes this double issue to a symposium on the still highly contested question of schizophrenia in childhood.

In her introductory remarks the coeditor, Lauretta Bender, points to the fact that the diagnosis of schizophrenia in childhood, which hitherto had been made by exclusion of any other diagnostic possibility, finally can be decided upon by positive criteria. The schizophrenic process in children reveals a characteristic pathology in every field of integrative functioning of the central nervous system. The disturbance should be conceived as a focal disturbance in patterns of behavior reflected through all levels of integration. Dr. Bender

stresses that dementia præcox does not occur as a narrowing of the brain functioning but 'often as a dramatic emergence of, for example, artistic, philosophical or linguistic preoccupations'.

Under the heading of Biography of a Schizophrenic Child, Charles Bradley gives an interesting case history of a little girl who showed conspicuous seclusiveness at a very early age and an increasingly bizarre behavior; when she retired more and more into a world of fantasy, hospitalization became necessary. The prognosis, in spite of favorable hereditary and environmental background, is considered poor, due to the progressive personality deterioration.

The next chapter on Therapy contains a paper on Treatment of Schizophrenia in Childhood by Frances Cottington and another one by Jack Rapoport, Therapeutic Process in a Case of Childhood Schizophrenia. Cottington describes an intensive program for treating schizophrenic children. It has been inaugurated in Bellevue Hospital with the aim 'of bringing the schizophrenic child closer to reality', to 'minimize the pathological process', to 'alleviate the patient's anxiety' and to 'promote personality development as far as possible'. About twenty children were treated with a combination of direct therapeutic procedures and an alteration of the environment. Shock therapy was utilized 'as an adjunct to socialization' and to psychotherapy. The author admits, however, that cases who showed symptoms after the age of ten and who received metrazol at about the onset of puberty showed little improvement. However, one patient, a nine-year-old boy, became more accessible to contact after metrazol treatment so that the working through of some of his cannibalistic and other murderous fantasies became possible. Thereupon his fear of aggression appeared and became more realistically related to punishment actually received by the parents.

For the psychoanalyst the most challenging part of the symposium is Rapoport's report on the therapeutic process in the case of an eleven-year-old schizophrenic boy who, after having been erroneously institutionalized as mentally defective, was diagnosed and treated as a schizophrenic. The most alarming symptom was the patient's absolute refusal to eat.

Rapoport used Melanie Klein's psychoanalytic technique and found the oral-sadistic mechanisms described by her. Most of the patient's 'object' conceptions were improperly fused symbols for food and people, e.g., egg-pajamas equalled father, coffee-shirt was interchangeable with mother, crackers stood for his little sister. These objects were literally interchangeable. Rapoport explains that the overwhelming (oral-sadistic) anxiety in this patient, created by early aggression and rejection on the part of the mother, 'knocked out the most basic kind of introjection: eating'. A therapeutic effect was reached through access to toys in a controlled environment, through understanding and 'interpretation' of the play production which led to new and higher differentiated patterns of play. Transference to the doctor, to the 'society' of the ward, and particularly to a nurse who allowed the boy to have 'the experience of an exceedingly kind mother . . . have been instrumental in helping the patient'.

A really fascinating and thorough piece of research is Tramer's Diary of a Psychotic Child, which was condensed and translated by Drs. Hilde Bruch and Frances Cottington from the original paper published in the Swiss

Zeitschrift für Kinderpsychiatrie in 1934 and 1935. This is a diary written by the mother of a boy, who after a short period of normal development and a somewhat precocious motor and speech progress, showed signs of disturbances; his development slowed down generally and he even regressed to previous states of motility and speech. He showed a very marked disparity between dependency on, and emotional reaction to, the mother.

Louise Despert makes an excellent contribution in *Prophylactic Aspects of Schizophrenia in Childhood*, which certainly deserves careful study by all workers interested in the problem. She carefully reviews the pertinent literature and then summarizes her experiences with twenty-nine schizophrenic children, admitted from 1930 to 1937 to the New York State Psychiatric Institute. An impressive psychiatric study of the symptoms and the prognostic criteria, all of which are in full accordance with psychoanalytic points of view, is included.

MARGARET S. MAHLER

Exhibitionism. N. K. Rickles. *J. of Nervous and Mental Disease*, XCV, 1942, pp. 11-18.

This is a claim of therapeutic success in five cases of exhibitionism without mention of the length of the period of observation. The treatment consisted of 'explanatory discussions and environmental manipulations'. For practical reasons cases of exhibitionism are divided in two groups, viz.: true exhibitionism (here called 'expomania, an entity in the compulsive neurotic group') and symptomatic exhibitionism, as for instance, isolated exhibitionistic activity at a time of a gonorrhoeal infection.

CAREL VAN DER HEIDE

Psychoanalytic Techniques in Social Analysis. Marvin K. Oppler. *J. of Social Psychology*, XV, 1942, pp. 91-129.

Oppler once again discusses the basic questions of the relationship of psychology to sociology, with a special consideration of the methods and contributions of psychoanalysis. He asks for the 'full coöperation' of both fields, and emphatically rejects the too limited point of view that psychology should only concern itself with the processes within the individual mind. Today, various prejudices and methodological mistakes hinder such coöperation. The scientific division of labor has—besides its advantages—very definite disadvantages; it makes a comprehension of the dynamics and dialectic interrelationships of sociological and psychological processes especially difficult. For the study of this very interrelationship, anthropology is the best fitted discipline. But what matters is, how the anthropological material is dealt with.

Oppler discusses the ways in which psychoanalysis treats anthropological material. He defends the scientific character and social orientation of psychoanalysis: 'As a matter of fact, this system [psychoanalysis] was so completely geared to a dialectical approach involving the interaction of opposites that Freud derived not only neurosis from particular kinds of repression and

conflict, but the entire rational social world as well.' Unfortunately Oppler's schematized and simplified summary of the history of psychoanalytic sociology is not correct, which is disappointing after his stimulating introduction. He states that psychoanalysis first explained everything as an outcome of the oedipus complex and therewith of rigid and unchangeable instincts. Later the Ego and the Id, introducing the conception of 'superego', admitted that social circumstances change human structures. 'The individual personality now emerged and social beings filled the scene where formerly Oedipus had ruled automatons who did his biddings.' Actually, the fact that human structures are built by their social and cultural surroundings has been 'admitted' by Freud from the beginning, and the changes brought about by the social environment are not at all limited to the realm of the superego. Quoting later writings of Freud, Oppler polemizes against authors who stated that Freud's conception of libido presupposes the unchangeability of biologically determined instincts. Actually, Freud stressed the plasticity of the human mind, and even of the instincts, from the beginning. Therefore, Oppler's attempt to overcome Freud's 'contradictions' becomes superfluous. He stresses the difference between 'freudian mechanisms' which are alive, dynamic, and dialectic, and their 'libidinal foundation' in which he does not believe. He accepts the mechanisms only as an important progress in social psychology.

In the next chapter, Oppler discusses these 'freudian mechanisms' as a method of studying the 'psychology of culture'. He is of the opinion that the 'orthodox' freudians remained too static and too biologically oriented. Therefore, he sees in Horney and especially in Fromm important 'advancements' of psychoanalysis. He gives Fromm credit for certain concepts about the importance of social and cultural influences which actually existed before Fromm. He also states: 'In place of this emphasis on infantile reactions Fromm substitutes an understanding of personality structure arising naturally from the individual's attempt to adjust to a particular socioeconomic system'. He does not understand that psychoanalysis is a method of explaining how the individual's adjustment to a particular socioeconomic system is achieved by influencing infantile reactions.

Oppler's last chapter tries to show 'the importance of social pattern in determining the psychology of a people'. As 'a cultural example' he reports material from his field work among the Ute of Colorado which is very interesting, and the part which is played by dreams and dream interpretation in this society is stressed. A similar work concerning the Navaho and Diegueño was done previously by Pfister¹ as well as Toffelmier and Luomala.²

OTTO FENICHEL

¹ Pfister, Oskar: *Instinktive Psychoanalyse unter den Navaho-Indianern*. Imago, XVIII, 1932, pp. 81-109.

² Toffelmier, Gertrude, and Luomala, Katharine: *Dreams and Dream Interpretation of the Diegueño Indians of Southern California*. This QUARTERLY, V, 1936, pp. 195-225.

Resistance and Anxiety as Factors in the Discontinuance of Child Guidance Treatment.

Marietta Karpe. *Smith College Studies in Social Work*, June, 1942.

This paper is based on a study of case records of the Worcester Child Guidance Clinic. Cases in which child guidance treatment was discontinued prematurely by the mother represent 26% of the total intake in 1939. As indicated in the title, anxiety of the mother was found to be the chief factor creating resistance to further clinical contact; the anxiety either concerned the child, the mother herself or the family situation.

A thorough knowledge of the dynamic processes is essential to anticipating and recognizing resistances in order to forestall premature discontinuance.

MARGRIT MUNK

Symposium on the Psychology of Music and Painting. W. Gillies Whittaker, William O. Hutchinson and R. W. Pickford. *The Brit. J. of Psychology*, XXXIII, 1942, Part 1.

The symposium consists of four parts: the first part, Introduction, by R. W. Pickford, describes the investigative method used. It consists in the answers of two artists, Professor Whittaker, a composer, and Mr. Hutchinson, a painter, to a questionnaire centered around four problems: (1) objective conditions, (2) subjective conditions, (3) mode of inspiration and (4) technique and convention. The second part, Musical Inspiration, contains Professor Whittaker's answers, the third, Pictorial Inspiration, Mr. Hutchinson's. The fourth chapter, Conclusion, is drawn by Pickford.

The conclusions are in brief that the creative artist is influenced by his environment, that music is greatly indebted to folk songs as a source of ideas, and that the true artist cannot divorce himself from his social existence. Neither artist is able to describe his creative processes very adequately, since words are not his primary medium of expression. From this Pickford draws the conclusion that the composer is one who thinks, feels and constructs in terms of music, the artist in terms of paint or pencil and canvas or paper. Neither is able to name the source of his inspiration definitively. It seems to begin in a vague form, is emotionally exciting, and tends to expand partly through the individual's allowing himself to become saturated in it, and partly through his efforts to work out the final product in detail by successive steps. These conclusions show the necessarily poor result of a symposium based on the clumsy and macroscopic method of a questionnaire answered by artists.

RICHARD STERBA

Psicoanalisis y Delito. (Psychoanalysis and Crime.) José Belbey. *Archivos de Medicina Legal*, Buenos Aires, XI, 1941, pp. 187-197.

After an introduction about instincts as motives for behavior, the author discusses the repression of instinctual impulses in the service of the superego. He is of the opinion that in the last analysis the œdipus complex is the basis of every crime. Finally, he enters a plea for the abolishment of the principle of 'responsibility' and for the treatment of criminals by psychiatrists, endocrinologists and psychoanalysts.

MARIA LANGER

NOTES

THE SAN FRANCISCO PSYCHOANALYTIC SOCIETY held its semi-annual meeting on October 23d and 24th, 1943, at the Ambassador Hotel, Los Angeles, California, and the scientific program was as follows: Captain Joseph Biernoff, M.C. read a paper, Psychiatric Notes from an American Station Hospital in Australia. Under the general title of Impact of the War on the Personality of the Civilian, the following papers were read: Dr. Jacob Kasanin: Neuroses of War Wives; Dr. R. Nevitt Sanford: Optimistic and Pessimistic Attitudes Towards the War and the Peace; Judge Edward R. Brand: War and Crime; Mrs. Susan A. Bernfeld: Patriotism of Prison Inmates; Dr. Siegfried Bernfeld: Psychology of Witnesses in Rioting and Lynching; Dr. Anna Maenchen: Superego Development in Wartime; Dr. Ernst Simmel: Remarks on War and Mental Hygiene. A general discussion followed. Dr. Malcolm H. Finley read a paper on Blood Pressure and Its Relation to Masochism and Suicide; Dr. May E. Romm on Aggression in Fetichism; Dr. Otto Fenichel on The Manic Depressive Mental Disorders; and Dr. Donald A. Macfarlane on The Psychoanalyst's Personal Attitude in Relation to the Phenomenon of 'Acting Out'.

Second Annual Report of the MELBOURNE INSTITUTE FOR PSYCHOANALYSIS for the year 1942:

Clinic: During the year 1942 the Clinic was consulted by 20 new patients: 8 adults, 12 children. In addition we acted in advisory capacity to schools and Probation Officers of the Children's Court in about 15 more cases. There were under regular treatment 7 adults; 2 adolescents; 1 child. There is a waiting list of 5 patients. Five children attended the Clinic for 2 to 4 months each, 1 or 2 times weekly in order to solve their more easily accessible problems.

Diagnoses: Adults: Hysteria 1; Conversion hysteria 2; Impotence 1; Homosexual 2; Obsessional neurosis 1; Depression 1; Paranoic 1. Children: Educational difficulties 3; Stealing 3; Anxiety 2; Obsessional type 1; Conversion hysteria 1; Enuresis 1; Alexia 1.

Lectures: In August, September and October, during 12 evenings, Dr. C. Geroe conducted a study circle. We studied Freud's Three Contributions to the Theory of Sex. Members attending 25 to 30. We were glad to see among them several members of the U. S. A. and our own Army Medical Corp. November, 1942, Dr. C. Geroe: Problem Child at Preschool Stage to the Parents' Association of Middle Park Baby Health Centre and Free Kindergarten Union. Attendance: 30. Dr. C. Geroe: two lectures on Educational Problems for the staff of Koornong School, Warrandyte. Attendance: 10.

Dr. Clara Lazar-Geroe

Dr. Paul G. Dane, President
Dr. R. G. Ellery, Secretary

The SALMON COMMITTEE ON PSYCHIATRY AND MENTAL HYGIENE named Dr. Abraham A. Brill to deliver the Salmon Lectures for 1943 at the New York

Academy of Medicine, which he did on November 5th, November 12th, and November 19th on the subjects, The Psychiatric Scene of 1900; The Origin and Development of Interpretative Psychiatry; Freud's Specific Contributions to the Knowledge of the Psychosis. Each year the Committee, appointed by the Council of the New York Academy of Medicine, selects as the Thomas W. Salmon Lecturer, a specialist in the field of psychiatry, neurology, or mental hygiene, from a world-wide field, who has made the outstanding contribution to his specialty during the preceding year. The lectures, for the advancement of psychiatry and mental hygiene, are designed as a permanent contribution to the field of medicine and are published in book form.

The guest lecturer at the TOPEKA INSTITUTE FOR PSYCHOANALYSIS on December 10th and 11th, 1943, was Dr. Frieda Fromm-Reichmann, who lectured on Special Problems of Treatment in a Psychoanalytic Sanitarium.

The Fifth Annual Dinner Meeting of the PENNSYLVANIA PSYCHIATRIC SOCIETY was held in Philadelphia on October 7, 1943. Officers for 1943-1944 were elected as follows: Ralph L. Hill, M.D., President; George W. Smeltz, M.D., President-Elect; Councillors: Leslie R. Chamberlain, M.D.; Theodore L. Dehne, M.D.; John N. Frederick, M.D.; Ronald B. McIntosh, M.D.; John F. Stouffer, M.D.; John I. Wiseman, M.D.; George J. Wright, M.D. Secretary-Treasurer: LeRoy M. A. Maeder.

A news bulletin released for publication on November 11, 1943, by the NATIONAL COMMITTEE FOR MENTAL HYGIENE, quoted excerpts from a speech by Dr. James S. Plant, Director of the Essex County Juvenile Clinic. Dr. Plant stressed the fact that 'There has been a very disturbing trend towards helping the Army to reject the unfit rather than towards helping individuals to find out what they can best do'. He pointed out that rejection by Selective Service greatly intensified the feeling of helplessness in individuals already made to feel helpless by the past fifty years of ever increasing specialization. He also made a general plea, with specific examples, for the application of modern psychological knowledge to the diverse emotional problems with which the world is faced. He placed special emphasis on the emotional education of children.

The MICHAEL REESE HOSPITAL announces certain changes in its training facilities in clinical psychology. Interested persons will please write to S. J. Beck, Ph.D., Head of the Psychology Laboratory, Michael Reese Hospital, Chicago 16, Illinois.

BOOKS RECEIVED

- TOMKINS, SILVAN S., Editor: *Contemporary Psychopathology: A Source Book*. Cambridge, Mass.: Harvard University Press, 1943.
- OBERNDORF, CLARENCE P.: *The Psychiatric Novels of Oliver Wendell Holmes*. New York: Columbia University Press, 1943.
- KUNKEL, FRITZ: *In Search of Maturity*. New York: Charles Scribner's Sons, 1943.
- STAFF OF CHILD STUDY ASSOCIATION OF AMERICA: *When Children Ask About Sex*. New York: Child Study Association of America, Inc., 1943.
- BOWMAN, ALLEN: *The Morale of the American Revolutionary Army*. Washington, D. C.: American Council on Public Affairs, 1943.
- Education and the United Nations*. A Report of a Joint Commission of the Council for Education in World Citizenship and the London International Assembly. Washington, D. C.: American Council on Public Affairs, 1943.
- Psychology for the Fighting Man*. New York: Penguin Books, Inc., 1943.
- Women in Wartime*. Chicago: The Institute for Psychoanalysis, 1943.
- JONES, HAROLD E.: *Development in Adolescence*. New York and London: D. Appleton-Century Co., Inc., 1943.
- MOORE, DOM THOMAS VERNER: *The Nature and Treatment of Mental Disorders*. New York: Grune & Stratton, 1943.
- GLUECK, SHELDON AND ELEANOR: *Criminal Careers in Retrospect*. New York: Commonwealth Fund, 1943.
- SEAGER, ALLAN: *Equinox*. New York: Simon and Schuster, 1943.
- STUNKARD, HORACE W.; COGGESHALL, LOWELL T.; MACKIE, THOMAS T.; MATHESON, ROBERT; AND STOLL, NORMAN R.: *Parasitic Diseases and American Participation in the War*. New York: New York Academy of Sciences, 1943.
- KRAFF, E. EDUARDO: *Tomas de Aquino y la Psicopatología*. Buenos Aires: Editorial Index, 1943.
- LAWTON, GEORGE, Editor: *New Goals for Old Age*. New York: Columbia University Press, 1943.
- DUNBAR, FLANDERS: *Psychosomatic Diagnosis*. New York and London: Paul B. Hoeber, Inc., 1943.
- MIRA, EMILIO: *Psychiatry in War*. New York: W. W. Norton & Co., Inc., 1943.
- NATHAN, PETER: *The Psychology of Fascism*. London: Faber and Faber, Ltd., 1943.
- RÓHEIM, GÉZA: *The Origin and Function of Culture*. New York: Nervous and Mental Disease Monographs, 1943.